

**SCHEDULE "A"**

**TOWNSHIP OF WOLLASTON**

**EMPLOYEE/VOLUNTEER CONFIDENTIALITY STATEMENT**

Pursuant to Section 47(c) of the *Municipal Freedom of Information and Protection of Privacy Act* and Ontario Regulation 823;

I, \_\_\_\_\_,  
(Print Name)

**am an employee/volunteer of the Township of Wollaston.**

**I HEREBY ACKNOWLEDGE AND UNDERSTAND the following:**

**THAT** the *Municipal Freedom of Information and Protection of Privacy Act* provides standards for and requires administrative, technical and physical safeguards to ensure the security and confidentiality of records and personal information under the control of the Township of Wollaston.

**THAT** Ontario Regulation 823 intends to apply access and security considerations in the day-to-day administration of an institution's records and requires measures be taken to prevent unauthorized access to an institution's records.

**I FURTHER ACKNOWLEDGE AND UNDERSTAND THAT** in the course of carrying out my duties, I will have access and will be dealing with records containing confidential information and/or personal information which reveals the identity of the person who is the subject of the record or the identity of a person who has provided information about the subject of the record.

**I HEREBY AGREE** to hold such information confidential and, except as may be legally required, will not disclose or release it to any person at any time without proper consent or authorization, and that my confidentiality obligations and this Statement, shall survive the cessation of my employment/volunteer service with the Township of Wollaston.

**I FURTHER AGREE** to take appropriate security measures to prevent unauthorized access to confidential information.

DATED at the Township of Wollaston, this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_.

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Witness

Employee/Volunteer Signature