

Guidance for AARP Volunteers with Access to Sensitive Information

AARP Driver Safety Program

Your role as an AARP volunteer may bring you into contact with confidential or sensitive information member and non-member information. Please read and sign this form.

- I confirm that I have been given a copy of the AARP Volunteer Policies and understand they provide guidance for my role as an AARP volunteer. Because my volunteer role brings me into contact with confidential or sensitive information, I further agree to the following:
- I shall treat all members professionally, with courtesy and respect.
- I shall clarify my role as an AARP volunteer in all dealings with members and the public at large.
- I agree to maintain the confidentiality of the names, addresses, telephone numbers and email addresses of AARP members.
- I shall not disclose, rent, sell, or commercially use or permit to be commercially utilized by any third party, firm corporation or person (including myself) the names and addresses, telephone numbers and email addresses of AARP members.
- I understand that the contents of any conversation or discussion concerning member information must be treated as confidential.
- I understand that all materials provided to me by AARP shall remain the sole property of AARP and shall be returned promptly to AARP at its request with all copies made thereof.

VOLUNTEER'S SIGNATURE

STATE

VOLUNTEER'S NAME

DATE

DSP IMMEDIATE SUPERVISOR'S SIGNATURE

DATE