



**CY-WOODS BAND BOOSTER ASSOCIATION**  
**Band and Color Guard**

**VOLUNTEER**  
**OATH OF CONFIDENTIALITY**

I, \_\_\_\_\_, understand the need to  
(Please print)

maintain volunteer professionalism in my presence and confidentiality regarding information I might gain about students, faculty and staff as I volunteer at Cy Woods High School.

I also understand that I am **not** to discuss individual student progress or behavior with any other person than the supervising staff.

Print and Fill out Form  
Place Drivers License Here  
Scan  
Send PDF to Band President

\_\_\_\_\_  
(Volunteer Signature)

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Please return this form to your booster club representative.

This form is active and on file at school for the current school year.