



## **Parent Volunteers and Confidentiality**

By signing this form, I certify that:

- I have read the Graves Elementary School Parent Volunteers and Confidentiality Training.
- I agree to keep all confidential all private, sensitive, and personally identifiable information that I may hear or see while volunteering at Graves Elementary School.

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**Name**

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**Child's Name / Children's Names**

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**Signature**

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**Date**