



**Confidential Information Policy for  
S.A.F.E. – Supplying Allergy Friendly and Emergency – Food Pantry, Inc.**

The employees and volunteers of S.A.F.E. – Supplying Allergy Friendly and Emergency – Food Pantry, Inc. manage and have access to confidential information that must stay within our organization. Confidential information includes, but is not limited to, our donors, supporters, employees, volunteers, marketing processes, as well as our financial information, which includes current and future business plans, our computer and software systems and processes, personnel information, and associated documents. Employees and volunteers are not permitted to share this confidential information with anyone outside the organization, or to remove or make copies of any of S.A.F.E. Food Pantry’s records, reports, or documents in any form, without prior management approval. Disclosure of confidential information may lead to disciplinary action, which may include termination of employment or volunteer service, as well as other possible legal action. Additionally, employees and volunteers of S.A.F.E. Food Pantry are prohibited during and/or after employment or volunteer service from using S.A.F.E. Food Pantry’s confidential information in any form for their own purposes or for those of other persons or entities. Finally, all confidential information relative to S.A.F.E. Food Pantry, regardless of its form, must be returned to the organization at the time of termination of employment or volunteer service with the organization.

**Statement of Understanding and Agreement**

I am aware that, during the course of my employment or volunteer service, confidential information will be made available to me. Further, I understand that this information is proprietary and critical to the success of S.A.F.E. Food Pantry and may not be distributed or used outside of S.A.F.E. Food Pantry’s premises or with non-S.A.F.E Food Pantry individuals. In the event of my termination of employment or volunteer service, whether voluntary or involuntary, I hereby agree that I will not utilize or exploit this information for my own personal gain, or share it with any other individual, nonprofit agency, or company.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name