KCDEM

Kitsap County Department of Emergency Management

Confidentiality Pledge

Kitsap County Department of Emergency Management

8900 Imperial Way SW | Bremerton, WA 98312

Confidentiality Pledge

I,_____certify that I have read the statement below and agree to comply with the terms.

I realize that, as an Emergency Worker with the Department of Emergency Management, I may acquire knowledge of confidential information from files, case records, missions, conversations, etc. I agree that such information is not to be discussed or revealed to anyone not authorized to have the information. I also recognize that all volunteers and community people have that same right.

Volunteer Signature:_____ Date:_____

Staff Signature:_____ Date:_____