



Membership and Training Committee  
Confidentiality Agreement

I, the undersigned, am a member of the Membership and Training Committee.

I understand that in the course of my service as a member of the Membership and Training Committee I may learn certain facts about individuals in the application/nomination and membership selection process that are of a highly personal and confidential nature (i.e. information such as, but not limited to: HIV status, medical conditions, sexual orientation, or other personal matters).

I agree to the best of my ability to protect the information of a personal and confidential nature of a Council applicant. I further agree to the best of my ability to protect any information of a personal and confidential nature learned while on the Membership and Training Committee, after my membership on the Membership and Training Committee and my relationship with the Minnesota Council for HIV/AIDS Care and Prevention has ceased.

I also understand that a violation of this confidentiality agreement may result in my removal from the Minnesota Council for HIV/AIDS Care and Prevention.

Printed Name:

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Signature:

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Date:

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