



**Land Conservancy Volunteer  
Acknowledgement of Confidentiality and Responsibilities Form**

On \_\_\_\_\_ (date) I, \_\_\_\_\_, was provided a Volunteer position description explaining my responsibilities, rights and requirements as a volunteer privy to confidential information for The Land Conservancy of San Luis Obispo County.

I acknowledge and accept my responsibilities as a volunteer; I have reviewed and will uphold The Land Conservancy's conflict of interest policy; I will respect and uphold the confidentiality of LCSLO information disclosed during my volunteer activities; and I agree to adhere to all the rules, by-laws and policies set for by The Land Conservancy as they pertain to my volunteer efforts.

\_\_\_\_\_  
Volunteer Printed Name

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LCSLO Witness Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date