|  |  |  |
| --- | --- | --- |
|

|  |  |
| --- | --- |
|  | **Local Indian Child Welfare Advisory Committee****Confidentiality Agreement** |

 |
| I understand that as a volunteer member of the Local Indian Child Welfare Advisory Committee team, I may learn of case specific, confidential information about children or families. I agree to hold in strict confidence all child-specific or identifying information regarding children and families served by the Department of Children, Youth, and Families (DCYF) as required by RCW 13.50.100, RCW 74.04.060 and applicable federal laws.I understand that if I release this confidential information in violation of a child or family’s confidentiality I will no longer be invited to volunteer as a member of the  Local Indian Child Welfare Advisory Committee team. |
| Signature Date  |
| Print your name here |