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| |  |  | | --- | --- | |  | **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 |