

Confidentiality and Records Compliance Agreement

For PMI Member and Non-Member Volunteers

I, _____, a PMI volunteer working on the PMI Volunteer Group identified as “_____,” recognize that I may become aware of information that is the confidential property of PMI (“Confidential Information”). For the purposes of this agreement, any business, financial, employee, strategic, product, or other information, material or data that has been identified to me as confidential, sensitive or proprietary, or would in the exercise of reasonable judgment be understood to be confidential, sensitive or proprietary, and is not in the public realm, shall be defined as Confidential Information, whether or not it is explicitly marked as such.

I understand that Confidential Information may be in various forms and may come to my attention from various activities or sources. (See examples listed in the In the [PMI Confidentiality Policy](#).)

Below are some confidential, sensitive, or proprietary information specific to this group/team:

I agree to review and abide by the PMI Confidentiality Policy. I agree that I will strictly maintain the confidentiality of Confidential Information, will protect Confidential Information from disclosure or distribution to others, will not use Confidential Information for my own personal purposes or gain, and will not allow such Confidential Information to be used for the gain or competitive advantage of any other organization or entity, unless PMI has granted me explicit written permission to disseminate such Confidential Information to others, or to allow such third party use.

In compliance with PMI’s Records Management Program, I agree that I will destroy any Confidential Information covered under this agreement within the immediate 30-day period following the expiration of my participation in the above activity, except for materials that I have been advised by PMI in writing to retain for a longer period, or materials that I have been asked to return to PMI, which I will do within the time required.

Signature: _____

Date: _____

Name (please print): _____

Note that typing your name on the electronic signature line is not sufficient if you are returning your form via e-mail – a copy of your electronic signature needs to be affixed to the form. However, it is sufficient to create an electronic signature by typing your name and adding your PMI membership or User ID number immediately after your name (for verification purposes). By placing your electronic signature on this document you agree to be bound by its terms.

Please read the [PMI Confidentiality Policy](#) and the [Volunteer Records Management Policy](#) located on [PMI.org](#) before completing and signing this form.