



TEAMS PROGRAM CONFIDENTIALITY AGREEMENT

I, _____, give permission to use my:
Print Name

Name, Photograph(s) and/or quotes

for publicity, promotional or other purposes relating to the TEAMS Teacher Fellowship Program (*Please cross out any information that you DO NOT want shared*).

The TEAMS Program will not disclose your personal information to anyone not affiliated with TEAMS/AmeriCorps without your written consent.

GRIEVANCE PROCEDURE ACKNOWLEDGMENT

I have read and understand the grievance procedures for the TEAMS/AmeriCorps Program.

Signature

Print Name

Date