

Horry County  
**Human Resources Department**  
**Risk Management**  
1301 Second Avenue  
Conway, SC 29526



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## **VOLUNTEER / INTERN PLEDGE OF CONFIDENTIALITY**

I \_\_\_\_\_, understand that, during my service as a Volunteer/Intern for Horry County, I may acquire, be privy to, or gain access to confidential, proprietary, or otherwise privileged information, whether through oral communication, written record, observation, electronic transmission, or any other means. I agree that all such information, of whatever nature and by any means acquired, shall remain confidential and that I shall neither disclose, wrongfully transmit, communicate or in any way improperly use or reveal such information. I further understand that mere access of certain confidential information without a valid and legal purpose may constitute a felony under section 8-13-725(B), punishable by a \$5,000 fine and/or up to five years' imprisonment. Regardless of other penalties that may be imposed by law, including personal liability for damages, I understand that my violation of this agreement may result in my termination as a volunteer with the County.

Date \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Printed Name Volunteer / Intern (Signature)

\_\_\_\_\_  
Volunteer / Intern (Signature)