

**Philadelphia Alliance for Labor Support
Pledge of Confidentiality**

I, the undersigned, understand the need for client confidentiality. In consideration of my association with the Philadelphia Alliance for Labor Support, I hereby agree that I will not at any time, during my association, divulge to any person(s) within or outside the Philadelphia Alliance for Labor Support, any confidential information except as may be required in the course of duties and responsibilities. This includes confidential and/or private information concerning clients which may come to my knowledge or attention in the course of my association.

PRINTED NAME

SIGNATURE

DATE