



**High School IJP
CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT**

I, _____, understand that, during the course of my work as an Intern/Observer/Volunteer at the Williamson County Attorney's Office, I may be given access to documents or information that may contain confidential information related to pending and past litigation, and criminal history information; to documents or information regarding defendants, victims, witnesses, law enforcement officers, members of the general public, employees, and staff; to documents or information that is protected by the attorney-client privilege and the attorney work-product privilege; and to documents or information that is of a sensitive or confidential nature not specified in this agreement. I understand that I am always required to maintain confidentiality of this direct or indirect information, both during and after my service. I understand that such documents or information may be used only in connection with my duties/access within the County Attorney's Office. I understand that I will not share, discuss, or reveal any of this information with anyone outside my duties/observations within the County Attorney's Office, and that I may not copy, disclose, or release in any manner such documents or information. I further agree that if I obtain any documents containing confidential information during my time in the County Attorney's Office, I will return all such documents or information to the Williamson County Attorney's Office, whenever such documents or information are no longer required for the performance of my work assignments or upon termination of my service.

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ACKNOWLEDGMENT AND CONSENT TO BACKGROUND CHECK**

I acknowledge and agree that as a condition of my service in the Williamson County Attorney's office, that a Criminal History Check will be done and that I will need to be fingerprinted to comply with FBI-NCIC/TCIC guidelines. I also understand that if anything returns from those checks that rule me ineligible to view CJIS information, that my service within the Williamson County Attorney's Office may be withdrawn.

By signing and providing my full legal name, and any AKA's or maiden names, Date of Birth, Social Security # and Driver's License # as evidenced below, I agree for my background to be checked for any criminal violations and to submit to the location/vendor, as directed by the County Attorney designee, for my fingerprints to be taken.

Child/Participant

Signature

Date

Full Legal Name

AKA's

DOB: _____

SSN: _____

DL#: _____

Parent/Guardian

Signature

Date

Full Legal Name