



## Reunion Committee Volunteer Agreement

Reconnect and Celebrate!

Alumni Weekend | September 21-22, 2018

Thank you for joining your reunion committee! You are an important part of the Medical Alumni Weekend planning process as you encourage classmates to return to campus and support the institution that helped to shape their careers.

As a volunteer, you will receive confidential contact information for your classmates to be used only for the purpose of encouraging attendance and support of the institution. To respect the privacy of your classmates, this information should not be used outside of your reunion committee efforts, or shared with anyone outside of your reunion committee.

**I agree to follow the confidentiality guidelines as outlined above.**

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

In addition to individual outreach, we ask volunteers to sign several communications throughout the year, using the voice of the collective committee. This includes one letter to encourage attendance for the weekend and one letter to encourage support of the institution. Both of these publications include similar email follow-up communications.

**By sharing your signature below, you agree to add your name and signature to these communications.**

All communications text will be shared with the committee prior to sending. You may OPT-OUT by simply responding to your staff liaison. Otherwise, your name and signature will be included.

Please include **two copies** of your signature below, using a bold black pen or fine point marker, and return to your reunion committee staff liaison.