

**NON-DISCLOSURE AGREEMENT**  
*Working Together for New Jersey coalitions*

IN CONSIDERATION OF my obligation to protect the privacy of others while participating in the election integrity efforts of the **Working Together for New Jersey coalitions** (hereinafter referred to as the "Activity"); and

IN CONSIDERATION OF my desire to participate in said Activity and being given the right to participate in same;

I UNDERSTAND THAT I AM A VOLUNTEER IN THIS ACTIVITY and that "Working Together for New Jersey" is a coalition of volunteers, and that the Election Integrity effort is a nonpartisan citizen volunteer coalition.

NON-DISCLOSURE: Individuals who work with the coalition, by signing this agreement, agree to an honor system and pledge to protect the voter personal information that may come to their attention or with which they may work. As required by New Jersey law as a condition of access to public voter information, and as a volunteer with the Working Together coalition, I understand and acknowledge that no person shall use voter registration lists or copies thereof prepared pursuant to this section as a basis for commercial solicitation of the voters listed thereon. I acknowledge that under the law, "Any person making such use of such lists or copies thereof shall be a disorderly person, and shall be punished by a fine not exceeding \$500.00", which would be a personal obligation.

CONFIDENTIAL NATURE: I pledge that I will consider the information I see and work with as the personal, confidential information of the voter(s) involved, and will not share any of the information outside of the Working Together for New Jersey Election Integrity project."

RESPONSIBILITY: I further acknowledge and accept full personal liability for any misuse of the information in my custody. I understand that only those who have signed NDA and Waiver forms can work with this information.

I acknowledge that I am personally responsible for any injury which might occur while I volunteer in this capacity, that this is a volunteer coalition without insurance, and that I accept personal responsibility for any injury which may occur to me or any member of my family volunteering with me. By signing this Agreement, I agree to hold harmless the Working Together for New Jersey coalition or any of its volunteers with regard to any mental or physical injury I may sustain while volunteering in this capacity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Home Address: \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

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*Each volunteer working with us is required to accept these terms before they can access voter information.  
Thank you.*