

MORONGO TRIBAL DISASTER SERVICES WORKER CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

Recitals:

1. The Morongo Band of Mission Indians, ("Tribe"), has a proprietary interest in certain information.
2. I (insert in full name) _____ am an employee of the Tribe and in my capacity as a/an _____, have been selected to be a Tribal Disaster Services Worker. With this role I may need access to, or receive Tribal confidential/proprietary information.
3. Solely, in order to enable me to perform my duties as a Tribal Disaster Services Worker, the Tribe is willing to disclose confidential/proprietary information to me, but only on the terms and conditions set forth below.

In consideration of the foregoing Recitals and in consideration of being allowed to serve as a Tribal Disaster Services Worker, I promise and agree as follows:

Agreement:

1. For purposes of this Confidentiality and Non-Disclosure Agreement ("Agreement"), the term "Confidential Information" means any information relating to the Tribe's finances, members, employees, property, business operations, governmental operations, cultural resources and tribal enrollment that is provided to me or otherwise acquired by me in connection with my being a Tribal Disaster Services Worker, but not including information generally made available to members of the Tribe or the public.
2. I promise and agree that I will not use any Confidential Information for any purpose other than to perform my duties as a Tribal Disaster Services Worker.
3. I promise and agree that I will keep all Confidential Information confidential and will not disclose it to any person, agency or entity, including any of my family members, without the express written permission of the Tribe to disclose specific Confidential Information to a specified person or entity.
4. I promise and agree that in the event I become aware of the disclosure of any of the Tribe's Confidential Information to a person, agency or entity who has not been authorized in writing by the Tribe to receive that Confidential Information, I will notify my immediate supervisor or Human Resources, in writing, as soon as possible and no later than forty-eight (48) hours after I become aware of the disclosure.
5. I promise and agree that at the end of my service as a Tribal Disaster Services Worker, I will return any and all Confidential Information provided to me as a Tribal Disaster Services Worker, including but not limited to Confidential Information stored or maintained in hard copy documents, digital files and digital storage devices.
6. I acknowledge and understand that even after my services as a Tribal Disaster Services Worker has ended, I will have a continuing obligation to keep the Tribe's Confidential Information confidential, and I promise and agree that even after my services as a Tribal Disaster Services Worker I will not disclose any Confidential Information that I obtained as a Tribal Disaster Services Worker to any person, agency or entity without the express written permission of the Tribe.
7. I acknowledge and understand, that I will be subject to disciplinary action, up to and including termination of my employment, if I violate any of the terms of this Agreement. I further acknowledge that I understand that I may be liable to the Tribe or to one or more individual Tribal members for any damages caused by my unauthorized disclosure of any Confidential Information, and that I may be criminally liable for my unauthorized use or taking of any Confidential Information that is deemed to be a trade secret or otherwise protected under either federal law or the laws of the State of California, regardless of whether such unauthorized use or taking occurs during the time I am serving as a Tribal Disaster Services Worker or after my service has ended.

8. By my signature below I acknowledge that I understand my responsibilities and obligations under this Agreement and that, if necessary, I have been provided an opportunity to obtain assistance in understanding my responsibilities and obligations under this Agreement.

Print Name: _____

Signature: _____

Job Title: _____

Date: _____



**DISASTER
SERVICE
WORKER**

Enter
Photo
Here

First and Last Name

Documentation Unit

Morongo Band of Mission Indians

**REGISTERED DISASTER
SERVICE WORKER**

First and Last Name

The person identified by this card has been appointed and trained to carry out the stated assignment in time of emergency, on behalf of the Tribe. It is important he/she be assisted in carrying out these duties.