## Loma Linda Broadcasting Network

Intern Non-Disclosure Agreement



As a condition of my internship with the Loma Linda Broadcasting Network, Inc (hereafter known as the Company), I agree to the following.

## Non-Disclosure of Confidential Information

 Company Information: I agree at all times during the term of my volunteering and thereafter to hold in strictest confidence and not to use any Confidential Information of the Company except for the benefit of the Company, or to disclose to any organization or individual (from outside or inside the Company), whether verbally, in writing, through printed reports, or through any form of communication, without written authorization from the Business Manager and/or President/CEO. I understand that I am entrusted with privileged access to the Company's viewers and stakeholders, and agree to use this privilege responsibly for the advancement of the Company.

I understand that Confidential Information includes but is not limited to data and knowledge such as usernames and passwords, donor and viewer names, donor and viewer addresses, donation amounts, business partners, marketing, finances, designs, and other business information disclosed to me by the Company, either directly or indirectly in writing, orally, or by observation.

I further understand that Confidential Information does not include any of the foregoing items, which have become publicly known and made generally available through no wrongful act of mine or others who were under confidentiality obligations as to the material involved.

2. Returning Company Documents: I agree that, at the time of leaving my term of volunteering with the Company, I will deliver to the Company (and will not keep in my possession, recreate, or deliver to anyone else) any and all devices, records, data, notes, reports, proposals, lists, correspondence, specifications, drawings, materials, equipment, other documents or property, or reproductions of any aforementioned items developed by me pursuant to my employment with the Company or otherwise belonging to the Company, its successors, or assigns.

Name: \_\_\_\_\_\_

For electronic documents, by typing my name in the signature box below, I acknowledge that I have read and agree to all information contained and that this will serve as my true signature.

Signature:	Date:
Management Representative:	
Signature:	Date:

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