

**MONONGALIA COUNTY VICTIM ASSISTANCE PROGRAM  
PROSECUTING ATTORNEY'S OFFICE**



FIRST FLOOR JUSTICE CENTER  
75 HIGH STREET MORGANTOWN, WV  
26505 ☎ (304) 291-7286



---

**MONONGALIA COUNTY VICTIM ASSISTANCE PROGRAM**

**Agreement of Confidentiality**

As a Victim Assistance Program Representative, I understand that confidentiality is imperative to the Program's effectiveness. Additionally, confidentiality is necessary to establish and maintain trust with the victims and agencies with whom I will be working.

I understand that all information obtained through observation, reading agency files, and direct or indirect contact with victims, remains confidential to the Prosecuting Attorney's Office and the Monongalia County Victim Assistance Program.

I fully agree to abide by these policies of confidentiality. I also understand that any breach of this agreement could result in the termination of employment with the Monongalia County Victim Assistance Program.

I hereby acknowledge having read this form, understanding the contents, and agreeing to the conditions therein.

---

Coordinator's Printed Name/Signature and Date

---

Coordinator's Printed Name/Signature and Date

---

Interns: Signatures and Dates