

Miss Kentucky Scholarship Organization

**AUDITORS ACKNOWLEDGEMENT AND
STATEMENT OF CONFIDENTIALITY**

Name: _____ Street Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Phones – Home: _____ Cell: _____

.....
ACKNOWLEDGEMENT

1. I have received, read, and understand the Miss Kentucky Organization’s Auditors Instructions.
2. I agree to serve as an unpaid Auditor of the Miss _____ Competition, to be held on _____ in _____, Kentucky.

STATEMENT OF CONFIDENTIALITY

1. I will maintain the confidentiality of all information entrusted or known by me by virtue of my position as an Auditor. I will not allow, under any circumstances, any person to exert or try to exert any influence upon me in my capacity as an Auditor. If anyone should try to influence me, then I agree to immediately disclose such attempts to the Miss Kentucky State Office as soon as it is practical.
2. In maintaining the confidentiality of all information known to me, I agree not to discuss anything that transpired during the judging/scoring process. I will not, for any reason, reveal any scores to anyone.
3. In maintaining the confidentiality of all information known to me, if my personal laptop is used to execute the Miss America Organization Computer Tally Sheet, I agree, after saving the Computer Tally Sheet to an external drive provided by the Miss Kentucky Organization Field Director, to immediately delete the Computer Tally Sheet from my personal laptop. I will not, for any reason, share the Computer Tally Sheet with anyone.

Signed: _____ **Date:** _____

Printed Name: _____