

Appendix B- Personnel Agreement

Agreement to Comply with Information Security Policies

Name: _____

Department: _____

Date: _____

I agree to take all reasonable precautions to assure that internal information, or information that has been entrusted to the association by third parties such ADS members, will not be disclosed to unauthorized persons. At the end of my employment or contract with the association, I agree to return all information to which I have had access as a result of my position. I understand that I am not authorized to use sensitive information for my own purposes, nor am I at liberty to provide this information to third parties without the express written consent of the internal manager who is the designated information owner.

I have access to a copy of the Information Security Policies, I have read and understand the policies, and I understand how it impacts my job. I agree to abide by the policies and other requirements found in the association security policy. I understand that non-compliance will be cause for disciplinary action up to and including dismissal and perhaps criminal and/or civil penalties.

I also agree to promptly report all violation or suspected violations of information security policies to the designated security officer.

Signature