Volunteer Policy Verification Statement

Volunteer’s Name: ______________________________________________________________

By signing below, you are acknowledging that you have read the provided UMW policy information on:

- Alcohol and Other Drugs Policy
- Respectful Workplace Policies
- Network and Computer Use Policy
- Use of Electronic and Social Media Policy
- Restrictions on State Employee Access to Information Infrastructure

Volunteer’s Signature ____________________________________________ Date ____________________

This form should be returned to UMW’s Office of Human Resources.