

## 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.