

Attachment B - ACKNOWLEDGEMENT OF PII POLICY AND PROCEDURES

Name of Volunteer: _____ (Print or type)

Position or Role requiring PII Access: _____

Type of Access:

☐ Direct Access - Access to the information maintained in the database.

☐ Indirect Access - Access to information generated from the database in documents including, but not limited to rosters, sign-in sheets and reports.

☐ Both

Volunteers with the City of Beaverton's Emergency Management Program may have access to what this agreement refers to as "personally identifiable information (PII)."

Depending on assigned position or role, volunteers may have access to PII in electronic or hardcopy formats. Both formats will be handled and protected to the same level.

By signing this agreement, I acknowledge that I:

- Have read and understand the PII Policy.
- Have read and understand the PII Procedures.
- Understand the level and types of PII I am authorized to access within my assigned roles and responsibilities.
- Agree that if I have a legitimate need to maintain the information electronically on a personal device, including cellphone, tablets, computers, or laptop, that:
 - The device will be protected with a password or other forms of authentication like biometric scan.
 - The security protection software on the device will be up to date and turned on.
- Agree to only access and use the volunteer information maintained by the Emergency Management Program for official Emergency Management purposes only.

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- Agree to abide by the established PII Policy and Procedures.
- Know that if I breach my responsibility regarding the protection and use of PII that I may be subject to disciplinary action as outlined in the Disciplinary Policy and Procedure.

Signed: _____ Date: _____

Approvals:	
Group Supervisor:	(printed)
The listed volunteer has been vetted and is appropriate for filling the listed position and the level of access indicated is correct.	
Signature:	
EM Staff:	(printed)
The listed volunteer is Authorized access to PII within the scope of their assigned position or role.	
Signature:	

Volunteers needing Direct Access, will need to complete ISD's required cybersecurity training.

☐ Completion of Cybersecurity Training verified:

Date Training Completed: _____

Verified by (EM Staff): _____

Date verified: _____