

# *Société Alzheimer Society*

BRANT, HALDIMAND NORFOLK,  
HAMILTON HALTON

## **Acknowledgement of Understanding**

### **Acceptable Use of Information Technology (IT) Policy**

I understand that the Acceptable Use of Information Technology (IT) Policy describes important information about Alzheimer Society of Brant, Haldimand Norfolk, Hamilton Halton and the technology systems that are utilized, and I have read and understand the entire policy. I agree to abide by the policy in its entirety. If I have any questions about the Acceptable Use of Information Technology (IT) Policy, or about other issues regarding my engagement, I will consult my Coordinator, Volunteer Engagement, or the Manager, Volunteer Engagement who is responsible for all volunteer matters.

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Print name

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Signature

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Date