

Scotts Valley Fire Protection District

Authorized Administrator/Users Acknowledgement of Social Media Policy and Procedure

I hereby acknowledge that I have read and understand *Policy 2200: Social Media* and *SOP 1303: Social Media* in its entirety. I will adhere to these guidelines and willingly take on the responsibility that being an authorized social media user entails. I understand that any actions taken on the social media platforms outlined in *Form 1303-1 Approved Social /Media Networks and Authorized Administrator/Users* are a reflection of the District.

I understand that my authorization is at the Fire Chief's discretion and can be revoked if I am to be found in violation of the above referenced policies or SOPs.

SVFPD Personnel Signature

Date