



WILLIAMSON COUNTY EMERGENCY COMMUNICATIONS

VOLUNTEER APPLICATION

**CJIS Security Awareness  
Certification Statement**

I certify that I have read and understand the contents of the CJIS Security Awareness Handout and agree to follow all CJIS Systems requirements regarding the proper access to, use of, storage, and disposal of CJIS System Information.

I understand that the criminal justice information made available via the TLETS/OMNIXX Systems is sensitive and has potential for great harm if misused; therefore, access to this information is limited to authorized personnel. I understand that misuse of the TLETS/OMNIXX Systems or information received from these systems may subject me to system sanctions/penalties and may also be violation of state or federal laws, subjecting me to criminal and/or other penalties. Misuse of the TLETS/OMNIXX Systems includes accessing the systems without authorization or exceeding my authorized access level, accessing the system for an improper purpose, using or disseminating information received for the systems for a non-work related or non-criminal justice purpose, etc.

Your Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Date: \_\_\_\_\_