MILITARY DEPARTMENT OF INDIANA
JOINT FORCES HEADQUARTERS – INDIANA
ADJUTANT GENERAL'S OFFICE
2002 SOUTH HOLT ROAD
INDIANAPOLIS, INDIANA 46241-4839

Indiana Civilian Cyber Corps (ICCC)

Nondisclosure Agreement

Purpose: This non-disclosure agreement (NDA) is an essential legal document with regard to protecting sensitive or confidential information. Members of the ICCC are required to sign general and mission specific NDAs as appropriate. The purpose is to bind all parties to a common practice with regard to the handling of sensitive or confidential information in order to comply with law and establish trust with our partner agencies and organizations. Typical areas covered by ICCC NDAs include but are not limited to details pertaining to: personnel, Indiana National Guard (INNG) operations, restricted and sensitive computer systems and networks, and information belonging to governmental and non-governmental organizations or institutions

I, _____ (Full Legal Name), as a _____ (ICCC Position), have been granted access to sensitive but unclassified information (hereafter referred to as "The information") to perform my official duties. This may include, but is not limited to:

(*Please initial in the highlighted space before each statement*)

1. _____ Details pertaining to personnel (staff, contractors, volunteers, visitors, and vendors),
2. _____ Details pertaining to ICCC and INNG operations, finances, contracts, community outreach, and official coordination or liaison,
3. _____ Details pertaining to restricted and sensitive computer systems and networks,
4. _____ Details pertaining to ongoing inner-office activities and matters,
5. _____ Details pertaining to ongoing and future ICCC and INNG operations,
6. _____ Various official and personal records or documents.

I understand:

1. _____ The information may contain personally identifiable, individual and business tax and financial, medical, and law enforcement sensitive information. Such information is normally subject to security in accordance with a specific law, executive order, department order, or local policy. When handling such information, I assume the responsibility to request additional guidance from my supervisor prior to taking custody or accessing the information.
2. _____ The information must be safeguarded at all times, in all forms, and on all devices or systems. I am not allowed to mail, electronically forward or send the information to any personal e-mail account or device.
3. _____ The information belongs to a governmental (Federal, State, Local, and Tribal) or client organization (non- governmental organization, a business, an individual, or combination thereof).
4. _____ The information presented, discussed, reviewed, stored, and created for an operation, investigation, training, and all other associated information is State of Indiana or INNG property.
5. _____ I must safeguard all information in a manner that ensures only authorized persons

have access to said information. I will not disclose information to anyone not specifically authorized by the Indiana National Guard, an executive agency of the State of Indiana, or my supervisor without the direct approval of the same.

6. _____ I will return any and all ICCC, State owned, or client owned information I have in my custody or care upon release or separation from the ICCC.
7. _____ I will not share, seek, or attempt to gain access to sensitive information after my departure including information about the status of prior work cases or projects in which I was previously allowed access.
8. _____ I will immediately inform my leadership of any attempt by any unauthorized person to gain access to the information.

Acknowledgement:

I understand that my failure to protect the information may result in initiation of civil actions or penalties up to and including initiation of an investigation, or referral of criminal charges under the Uniform Code of Military Justice (UCMJ), per Indiana Code 10-16-6-10.

I, _____ (Full Legal Name), enter into this agreement freely and without reservation, hereby affirming that I have read, understand, and comply with the instructions outlined therein and as outlined by this nondisclosure agreement.

Member Signature: _____

Date: _____

Signature Witnessed by:

Full Legal Name: _____

Signature: _____

Date: _____