Wisconsin Cyber Response Team

Incident Responder

Volunteer Non-Disclosure Agreement

The Wisconsin department of Military Affairs, Division of Emergency Management (DMA / WEM) establishes the Wisconsin Cyber Response Team (CRT) to provide rapid response assistance to public sector critical infrastructure and local units of government (hereafter referred to as “participating entity”). The CRT prescribes eligibility criteria for participation as a volunteer member as prescribed by the Wisconsin CRT Volunteer Handbook. Incident Responders have expertise in addressing cybersecurity incidents and agree to maintain an active InfraGard membership or TSA Travel Number.

I, , the undersigned hereby certify that I understand and agree to be bound by the commitments with regard to participating as a CRT volunteer to provide rapid response assistance as detailed herein.

I understand the CRT will prescribe eligibility criteria for my participation as a volunteer member of the incident response team, including a requirement that I have expertise in addressing cybersecurity events.

I agree that as a CRT volunteer I will be required to:

acknowledge the confidentiality of information required by 5 USC 552a and Wisconsin State Statute 995.50.

1. protect all confidential information from disclosure;
2. avoid conflicts of interest that might arise in a deployment under this agreement;
3. comply with all CRT security policies and procedures regarding information resources technologies;
4. consent to any background screening required by the CRT to include InfraGard membership or obtain a TSA Travel Number
5. attest to my satisfaction of any eligibility criteria established by the CRT.

Confidential Information is information written, produced, collected, assembled, or maintained by DMA / WEM, a participating entity, the cybersecurity council, or a volunteer in the implementation of this agreement and not subject to disclosure if the information:

1. contains the contact information for a CRT volunteer;
2. identifies or provides a means of identifying a person who may, as a result of disclosure of the information, become a victim of a cybersecurity incident;
3. consists of a participating entity's cybersecurity plans or cybersecurity-related practices; or
4. is obtained from a participating entity or from a participating entity's computer system in the course of providing assistance under this agreement.

I understand I may be asked to respond to a cybersecurity incident that affects multiple participating entities or a declaration by the governor of a state of disaster caused by a cybersecurity event. The CRT, upon request of a participating entity, may deploy volunteers and provide rapid response assistance. In such instances, registered volunteers are protected under Wisconsin State Statutes 3.23.18, 323.40, and 323.41, respectively.

I understand I may only accept a deployment as a CRT volunteer pursuant to this agreement in writing. I may decline to accept a deployment for any reason.

I agree to perform any and all duties in an unbiased manner, to the best of my ability, and with the best interest of the State of Wisconsin paramount in all decisions.

I acknowledge as a CRT volunteer I am not an agent, employee, or independent contractor of the State of Wisconsin for any purpose and have no authority to obligate the State to a third party.

I understand a CRT volunteer who in good faith provides professional services in response to a cybersecurity event is not liable for civil damages because of the volunteer's acts or omissions in providing the services, except for willful and wanton misconduct. This immunity is limited to services provided during the time of CRT deployment for a cybersecurity incident.

I will immediately inform both my management and the DMA / WEM if, at any time during the CRT deployment, any of these statements are no longer true and correct.

I have been given the opportunity to review this statement prior to signing. If I have questions or concerns about this statement, I am to contact the DMA / WEM Cybersecurity Preparedness Planning Office.

(Signature) (Date)

(Printed name)