# WESTMORELAND COUNTY COMMUNITY COLLEGE

## Public Safety Training Center (PSTC)

## SOCIAL MEDIA POLICY ACKNOWLEDGEMENT

*This policy outlines the guidelines and expectations regarding the use of social media platforms and photography within the PSTC premises to maintain the privacy, safety, and integrity of our community members.*

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## SECTION 1: PARTICIPANT INFORMATION

**Participant Name:** _____ **Date:** _____

**Representing Organization:** _____

**Phone Num:** _____ **Email Addr:** _____

## SECTION 2: POLICY GUIDELINES & EXPECTATIONS

**Instructions:** Please read the following policy elements carefully and initial next to each statement to indicate your understanding and agreement.

**Permission for Photography:** I understand that students and visitors are strictly prohibited from taking photographs or videos within the PSTC premises without prior permission. Such permission must be obtained directly from the PSTC Director or designated personnel.

**Review Process:** I agree that all photographs or videos taken within the PSTC premises must be submitted to the PSTC Director for review and explicit approval before they are released or posted on any social media platform.

**Consequences of Violation:** I acknowledge that unauthorized photography, videography, or releasing media to social networks without prior review will result in disciplinary action. This includes a minimum suspension from training activities at PSTC for one (1) year.

**Responsibility of Associated Organizations:** I understand that if I violate this policy, the organization I represent may also face repercussions, including being prohibited from participating in training activities at PSTC for a minimum period of one (1) year.

> **Compliance Notice:** All students, staff, and associated organizations are expected to comply with this policy. This policy is subject to periodic review and revision by the PSTC administration to ensure alignment with our organizational goals and values.

## SECTION 3: ACKNOWLEDGEMENT & SIGNATURE

I, the undersigned, representing the organization listed in Section 1, have read the WCCC-PSTC Social Media Policy. I fully understand its contents, agree to follow said policy, and acknowledge the consequences of non-compliance.

**Participant Signature:** _____ **Date:** _____

**FOR INTERNAL OFFICE USE ONLY**

**Date Rcvd:** _____ **Processed By:** _____ **Director Review:** _____