



Virginia Victims Fund (VVF) WebFile User Agreement

By checking the boxes below, I agree to the completion of the following:

- The WebFile User has completed the mandatory VVF WebFile training provided by the Fund.
- The WebFile User agrees that they will not share their username or password, or otherwise provide access to any other user, whether or not the other user has his or her own WebFile account. Doing so will result in revocation of their VVF WebFile access.
- The WebFile User agrees that access to VVF WebFile is for the purpose of assisting victims of crime with completing an application with VVF and that any information obtained is for that purpose only and will not be further disseminated.

By completing and signing this document, you acknowledge that you have read and understand the WebFile Terms and Conditions, and that any violation of this policy will result in revocation of access to WebFile.

Full Name of WebFile User: _____

Position: _____

Agency: _____

Email Address: _____

Phone Number: _____

Signature: _____ Date: _____



To be completed by VVF Staff: Training Completion Date _____ Initials _____