

**STANISLAUS COUNTY WORKFORCE DEVELOPMENT BOARD
CONFLICT OF INTEREST POLICY AND CODE OF CONDUCT
BOARD MEMBER**

I, _____, a Member of the Stanislaus County Workforce Development Board do hereby attest and affirm that I have read and understand the Conflict of Interest Policy and Code of Conduct duly adopted on October 2, 2017.

I also hereby declare and promise to carry out my responsibilities in relation to upholding the Conflict of Interest Policy and Code of Conduct during my term as a Board Member.

Board Member

Signed: _____

Date: _____

Witness

Signature: _____

Print Name: _____

Date: _____