

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

I, \_\_\_\_\_, a staff 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 tenure as a WDB staff member.

Staff Member

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witness

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_