



Intern, Preceptee or Volunteer (IPV) Agreement: Lucas County Children Services

By my signature below, I hereby certify that the answers/information provided on my application and/or in the course of interviews with Lucas County Children Services, hereafter referred to as "LCCS," are true and correct. I understand that any misrepresentation or omissions of fact, misleading or false information on my part will be grounds for dismissal as an IPV. Acceptance as an IPV is contingent upon satisfactory references (if requested), verification of the information submitted on any required formal application, and satisfactory completion of mandatory requirements. I authorize any references who may be contacted by LCCS be released from all liability in answering questions related to my application.

IPV agrees to abide by all LCCS policies and procedures while providing volunteer services.

IPV agrees to conduct themselves in an ethical and professional manner in the course of providing services on behalf of LCCS.

IPV understands that harassment on the basis of race, color, national origin, religion, gender, sexual orientation, age or disability is strictly prohibited and will not be tolerated by LCCS. Any IPV who has been determined to engage in harassment will be asked to leave immediately.

IPV agrees to not knowingly take any action or make any statement intended to influence the conduct of LCCS in such a way as to confer any financial benefit on such volunteer, or member of his or her immediate family.

IPV agrees to advise LCCS of any potential conflict of interest related to performance of any assigned duties/services.

Signature

Date

If IPV is a minor, Parent/ Guardian agree to all of the above provisions on behalf of minor child by signature below:

Signature (Legal Guardian)

Date