Staff / Contract Provider / Volunteer / Intern Confirmation of Receipt
Staff / Youth Relationships

This is to acknowledge that I have received and understand the information in YS Policy No. A.2.62 "Staff / Youth Relationships" which states that the only permissible relationship between current or former youth and any employees, contract providers, volunteers, and/or interns is a professional, personally detached association.

I further acknowledge that if I have any questions, or need assistance with guidelines regarding this policy, I will seek guidance from my supervisor.

_____ _____
Staff/Contract Provider/ Volunteer / Intern (signature) Date

_____
Staff/Contract Provider/ Volunteer / Intern Name (printed)

_____
Training ID/Personnel Number (if applicable)

_____
Location

C: PPS HR Employee Personnel File