Ohio Department of Rehabilitation and Corrections

Acknowledgement of Contractor Orientation

I, _____, hereby acknowledge that I have
(Print Name)

received orientation for contractors and temporary agency subcontractors from the Department of Rehabilitation and Correction as required by policy *39-TRN-12, Contractor Orientation.* I acknowledge that I have received and understand the Department of Rehabilitation and Correction's Standards of Conduct for Contractors/Volunteers. I understand that I am prohibited from using my position to secure privileges for others or myself and from engaging in activities that constitute a conflict of interest. Additionally, I understand that if I work with inmates, I will abide by the Department of Rehabilitation and Correction's policy on confidentiality of information. If I have any questions related to this orientation, I will address those questions with the appropriate contact person identified in my contract.

Signature:	Date: