

*Mississippi Department of Human Services
Division of Youth Services*

CONFLICT OF INTEREST FORM

Volunteer's Name: _____
Phone Number: _____

Assigned student's name: _____

I certify, as a volunteer at Mississippi Department of Human Services that I:

- Am not an employee of the state educational agency (MDE)
- Am not an employee of Mississippi Department of Human Services
- Have no personal or professional interests that conflict with the interest of the student that I am representing
- Have knowledge and skills to ensure adequate representation of assigned student.

Signature

Date