

**Family Care Center
Ethics Agreement**

To: All Lexington-Fayette Urban County Government employees, volunteers, and other staff members of the Family Care Center

Attached please find a copy of the Division of Family Services Code of Ethics. Please sign the tear-off below stating that you agree to abide by the code after reading it. Then, return the sheet to your supervisor. The Code of Ethics and the top part of this memo are yours to keep.

I have read the Code of Ethics for the Division of Family Services and will abide by this code.

Signature _____ Date _____

PLEASE RETURN THIS PORTION WITH YOUR SIGNATURE TO THE
VOLUNTEER COORDINATOR

**LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT
DIVISION OF FAMILY SERVICES**

I have read the Code of Ethics for the Division of Family Services and will abide by this code.

Signature _____ Date _____