

# Conflict of Interest Disclosure Form for Board Members

Date

Name of Board Member

Position/Title

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## Disclosure of Possible Conflict of Interest

Please describe any relationships, positions, or circumstances in which you are involved that you believe could contribute to a conflict of interest between your personal interests and the interests of the organization:

If none, please type "None":

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If you have relationships to disclose, please identify all persons, organizations, businesses, and the nature of your relationship(s):

Actions to avoid, manage, or resolve the conflict (if any):

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By signing below, I affirm that I have read and understand the organization's conflict of interest policy and that the foregoing information is complete and accurate to the best of my knowledge.

Signature

Date