



Gorge Soccer Conflict of Interest Declaration

GENERAL

As a:

Please identify your role (select only ONE) below:

Director

Staff Member

Other: _____
(please specify)

of the *Gorge Soccer Association*, I must declare any matter or relationship that is or may be reasonably perceived to be a conflict of interest with my responsibilities in my role, as indicated above, with the *Gorge Soccer Association*.

In addition, I understand that I must also indicate in writing all affiliations with other organizations which do business with the *Gorge Soccer Association*, for example, sales to or purchases from the *Gorge Soccer Association* of goods and/or services, particularly if these affiliations could provide a personal or perceived benefit to myself or those associated with me.

CONFLICT IDENTIFICATION

Name of affiliated organization(s) and/or nature of the conflict of interest or potential conflict of interest:

REPORTING & DOCUMENTING CONFLICTS

In the case of members of the Board of Directors and the staff, disclosure shall be recorded on this Disclosure Statement and summarized in the Minutes of the Board of Directors meeting. All conflicts that are reported and recorded will be communicated to the Board of Directors through the publication of these Minutes. Disclosures by Others (as specified), shall be recorded on this Disclosure Statement and provided to *Gorge Soccer Association* for their records.



Should a new matter or relationship arise during the term of a Director, during the employment of a staff member or while carrying out the duties of Others (as specified), and/or if their service to Gorge Soccer Association changes, that individual is required to immediately file notice of the new matter, relationship or change in status via completing a new Conflict of Interest Disclosure Statement and via verbal declaration at the next Board/Committee meeting, as applicable.

IF APPLICABLE:

CONFLICT OF INTEREST BYLAW

7) Conflict of Interest and Standards of Conduct

The Directors shall adhere to the Gorge Soccer Association's Conflict of Interest Policy.

DECLARATION

Please complete the following statement below.

I, _____, confirm that as of _____ the information provided
(print name) (date)
on this Conflict of Interest Disclosure is true and agree that it is valid until my term of office or employment has expired, or until my duties as Other (as specified) are complete, unless otherwise amended.

Signature: _____



***Gorge Soccer Association* OFFICE USE ONLY**

Received by: _____

Date Received: _____

Position: _____

Signature: _____

Date: _____

DOCUMENT CONTROL

Date	Change	Who
2016/01/01	Initial Policy document	Brad Hlasny