

Booneslick Trail Quilters' Guild
Conflict of Interest Disclosure Form

Name: _____

Position (Board Officer / Committee Chair / Member): _____

Date: _____

Purpose

This form is used to disclose any actual or potential conflict of interest so the Board can make decisions in the best interest of BTQG.

Disclosure

Please check all that apply:

I have a family member who may receive payment, compensation, or financial benefit from BTQG. **Name and relationship:** _____

Nature of potential benefit: _____

I have a business, financial interest, or personal relationship that may influence my judgment in matters before the Board.

Describe: _____

I serve on the board, staff, or leadership of another organization that may interact financially or programmatically with BTQG.

Organization and role: _____

Other potential conflict not listed above:

Describe: _____

Commitment

I understand that if a matter comes before the Board in which I have an actual or potential conflict of interest, I will:

- disclose the conflict, and
- recuse myself from discussion and voting on the matter.

I affirm that the information provided above is true and complete to the best of my knowledge.

Signature: _____ **Date:** _____