

Annual Conflict of Interest Disclosure Statement—2007-2008

United Way of Greater Eau Claire’s (UWGEC) Code of Ethics outlines the organization’s Conflict of Interest policies and should be closely reviewed by all Board and Committee members, other volunteers and staff. It is understood and respected that active volunteers may have involvement in other areas. As a result, these volunteers simply need to disclose and withdraw from discussion and voting on potential conflicts. All known or potential conflicts can be disclosed below.

The purposes of this policy are to protect the integrity of UWGEC’s decision-making process, to enable our constituencies to have confidence in our integrity, and to protect the integrity and reputations of volunteers, staff and board members. It is expected that all United Way Board members and staff who may gain privileged information by virtue of his or her role as a United Way Board member shall not use that privileged information for personal or professional gain and will hold such information confidential.

DEFINITION: A conflict of interest is a situation in which an individual’s personal affiliations or relationships could have, or give the appearance of having, undue influence on their judgment of the merits of matters being considered.

Conflict of Interest: In order to avoid conflicts, please answer the following questions.

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| 1. Are you or any member of your immediate family a board member of a United Way of Greater Eau Claire Affiliated Agency? | <u>YES</u> <u>NO</u> |
| List agency(s) _____ | |
| 2. Have you or any member of your immediate family ever been employed by a United Way Affiliated Agency? | <u>YES</u> <u>NO</u> |
| List agency(s) _____ Dates _____ | |
| 3. Do you or any member of your immediate family have a business interest as a supplier of goods or services to a United Way Affiliated Agency? | <u>YES</u> <u>NO</u> |
| List agency(s) _____ | |
| 4. Do you serve on a committee for a United Way affiliated Agency?
List agency (s) _____ | <u>YES</u> <u>NO</u> |
| 5. Do you feel that you may have any situation that may appear as a conflict of interest? | <u>YES</u> <u>NO</u> |

If you answered “yes” to any of the above questions, please give details in the space below.

I hereby affirm that, to the best of my knowledge, the information given above is complete and accurate.

SIGNATURE _____ **DATE** _____

Please Print Name: _____