

Conflict of Interest Policy

The purpose of this Conflict of Interest Policy is to protect the interests of the Foster City Chamber of Commerce. Each Officer, Board Member, and staff member shall act in the organization's best interest and disclose any conflicts of interest.

A conflict of interest exists when officers, board members, or staff has a direct or indirect business, professional, or personal situation or relationship that may influence or be perceived to influence the judgment or action of the officer, Board Member, or staff when servicing the Foster City Chamber of Commerce. Such conflicts of interest include, but are not limited to: personal and professional affiliations and business dealings.

All real or perceived conflicts of interest will be disclosed to the appropriate level of authority necessary for consideration, resolution, and direction.

Officers, Board Members and staff will be required to sign a conflict-of-interest form.

Conflict of Interest Form

I have read and understand the Conflict of Interest Policy and understand that it is my obligation to act in a manner that promotes the best interest of the Foster City Chamber of Commerce and to avoid conflicts of interest when making decisions and taking actions on behalf of the Foster City Chamber of Commerce.

I agree to disclose to the proper level of authority any real or perceived conflicts of interest that may arise during my tenure with the organization.

Additionally, I agree to abide by the direction and decision rendered by the Foster City Chamber of Commerce.

Name (print)_____

Signature_____

Date_____

Conflict of Interest Disclosure Forum

Date _____

Name _____

Position (employee/volunteer/director): _____

Please describe below any relationships, transactions, position you hold (volunteer or otherwise), or circumstances that you believe would contribute to a conflict of interest between the Foster City Chamber of Commerce and your personal interests, financial or otherwise:

_____ I have no conflict of interest to report.

_____ I have the following conflict of interest to report (please specify other non-profit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member is an officer or director or a majority shareholder, and the name of the employer and any businesses you or a family member own):

1. _____
2. _____
3. _____

I certify that the information above is true and complete to the best of my knowledge. I have reviewed and agree to abide by the policy of conflict of interest of the Foster City Chamber of Commerce.

Signature: _____

Date: _____