



Conflict of Interest Disclosure Form

By signing below you affirm that you have received, reviewed and agree to comply with the Woods Humane Society Conflict of Interest Policy included as Appendix E in the Board of Directors Policies and Procedures Manual.

To help avoid any conflict of interest, on this form you are disclosing ownership or other proprietary interests, responsibilities, circumstances, or other reasons why you (or, by extension, any member of your family) might have an actual, perceived or potential conflict of interest with your duty as a member of the Woods Humane Society Board of Directors.

During such time as you continue to serve on the Board of Directors, you agree to notify the Woods Humane Society Executive Director or President if and when you determine that any additional actual, perceived or potential conflicts of interest with your duty to Woods Humane Society arise subsequent to execution of this form. Please check and/or complete the appropriate section below.

Actual, perceived, or potential conflicts:

There are no actual, perceived, or potential conflicts.

Signature: _____

Name: _____

Title: _____

Date: _____