

CONFLICT OF INTEREST DISCLOSURE FORM
In accordance with Section 11 of CISN Bylaws

Date: _____

Name: _____

A conflict of interest, or an appearance of a conflict, can arise whenever a transaction, or an action, of Communities In Schools of Nevada (CISN) conflicts with the personal interests, financial or otherwise of: a board member, an immediate family member of a board member, or the board member's employer (collectively "your personal interests").

Please describe below any relationships, transactions, or positions you hold (volunteer or otherwise), or circumstances that you believe could create a conflict of interest, now or in the future, between CISN and your personal interests:

_____ I have no conflict of interests to report.

I have the following conflict of interests, or potential conflicts of interests, to report:

1. _____

2. _____

3. _____

I have reviewed CISN's conflict of interest policy and I understand that it is my obligation to disclose a conflict of interest, or appearance of a conflict, to the chair of the board when a conflict, or appearance of a conflict, arises. I also understand that for transactions in which I have a conflict, I will abstain from any vote on the matter.

Date: _____

Signature: _____

Printed Name: _____