

LEAF Conflict of Interest Disclosure Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Please describe below any relationships, transactions, or positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest or split loyalties between LEAF and your personal interests or those of the other organization(s).

\_\_\_\_\_ I have no conflict of interests to report \_\_\_\_\_ (initial and sign below)

\_\_\_\_\_ I have the following possible conflicts of interest or split loyalties to report.  
(Note: Please specify other nonprofits and for-profits you, or your significant other, sit on; any for-profit businesses for which you or an immediate family member are an officer, director or majority shareholder; and the name of your employer and any businesses you or a family member own.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I have reviewed, and agree to abide by, the LEAF Conflict of Interest Policy.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_