

Nelson Youth Soccer Association **Conflict of Interest Disclosure**

GENERAL

As a:

Please identify your role (select only ONE) below:

Director

Staff Member

Other: _____
(please specify)

of the *Nelson Youth Soccer Association (NYSA)*, I must declare any matter or relationship that is or may be reasonably perceived to be a conflict of interest with my responsibilities in my role, as indicated above, with the *NYSA*.

In addition, I understand that I must also indicate in writing all affiliations with other organizations which do business with the *NYSA*, for example, sales to or purchases from the *NYSA* of goods and/or services, particularly if these affiliations could provide a personal or perceived benefit to myself or those associated with me.

CONFLICT IDENTIFICATION

Name of affiliated organization(s) and/or nature of the conflict of interest or potential conflict of interest:

REPORTING & DOCUMENTING CONFLICTS

In the case of members of the Board of Directors and the staff, disclosure shall be recorded on this Disclosure Statement and summarized in the Minutes of the Board of Directors meeting. All conflicts that are reported and recorded will be communicated to the Board of Directors through the publication of these Minutes. Disclosures by Others (as specified), shall be recorded on this Disclosure Statement and provided to [NYSA](#) for their records.

Should a new matter or relationship arise during the term of a Director, during the employment of a staff member or while carrying out the duties of Others (as specified), and/or if their service to [NYSA](#) changes, that individual is required to immediately file notice of the new matter, relationship or change in status via completing a new Conflict of Interest Disclosure Statement and via verbal declaration at the next Board/Committee meeting, as applicable.

DECLARATION

Please complete the following statement below.

I, _____, confirm that as of _____ the information provided
(print name) (date)
on this Conflict of Interest Disclosure is true and agree that it is valid until my term of office or employment has expired, or until my duties as Other (as specified) are complete, unless otherwise amended.

Signature: _____

<i>NELSON YOUTH SOCCER ASSOCIATION</i> OFFICE USE ONLY	
Received by:	_____
Date Received:	_____
Position:	_____
Signature:	_____
Date:	_____

Nelson Youth Soccer Association

Oath of Office and Confidentiality Agreement

1. Exercise the powers of my office and fulfill my responsibilities in good faith and in the best interests of the organization.
2. Exercise these responsibilities, at all times, with due diligence, care and skill in a reasonable and prudent manner.
3. Respect and support the organization's by-laws, policies, Code of Conduct, and decisions of the Board and membership.
4. Keep confidential all information that I learn about members and any other matters specifically determined by board motion to be matters of confidence.
5. Conduct myself in a spirit of collegiality and respect for the collective decisions of the Board and subordinate my personal interests to the best interests of the organization.
6. Immediately declare any personal conflict of interest that may come to my attention.
7. Immediately resign my position as director of the Nelson Youth Soccer Association (NYSA) Board in the event that I, or my colleagues on the Board, have concluded that I have breached my 'Oath of Office'

I, _____, confirm that as of _____ the information provided
(print name) (date)
on this Confidentiality Agreement is true and agree that it is valid until my term of office or employment has expired, or until my duties as Other (as specified) are complete, unless otherwise amended.

Signature: _____

<i>NELSON YOUTH SOCCER ASSOCIATION</i> OFFICE USE ONLY	
Received by:	_____
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Position:	_____
Signature:	_____
Date:	_____