



Sarnia Hockey Association (SHA)

APPENDIX 1.01F – Conflict of Interest Declaration Form

Section 1: Personal Information

Name:

Position/Role within SHA:

Contact Information (Phone/Email):

Section 2: Conflict of Interest Declaration

As a member, volunteer, or employee of the Sarnia Hockey Association, I understand that I have a responsibility to act in the best interests of the Association. I must avoid any situations where my personal interests could conflict with the interests of the SHA.

Please check all that apply and provide details where necessary:

Personal Interests:

- No I, or an immediate family member, have no personal interest conflicts with SHA
- Yes I, or an immediate family member, have a financial interest in a business or organization that has dealings with SHA. If yes, please describe:

- Yes I have a personal or family relationship with a player, coach, or staff member within SHA.
If yes, please describe:

- Yes I have other personal interests that could reasonably be perceived as a conflict of interest.
If yes, please describe:

Gifts or Hospitality:

- No I have not been offered or received gifts, hospitality, or other benefits from individuals or organizations that do business with, or seek to do business with, SHA
- Yes I have been offered or received gifts, hospitality, or other benefits from individuals or organizations that do business with, or seek to do business with, SHA.
If yes, please describe:

Other Potential Conflicts:

- No I am not aware of other situations that might constitute a conflict of interest not covered above.
- Yes I am aware of other situations that might constitute a conflict of interest not covered above.
If yes, please describe:



Sarnia Hockey Association (SHA)

APPENDIX 1.01F – Conflict of Interest Declaration Form

Section 3: Declaration and Signature

Yes I declare that the information provided above is complete and accurate to the best of my knowledge. I understand that if a conflict of interest arises, I must disclose it to the SHA Board or Directors immediately.

Signature:

Date:

Please complete and sign this form. Return it to the VP-Administration at SHA.

If you are unsure about whether a particular situation constitutes a conflict of interest, please consult with your respective director or category VP

Section 4: Administrator Review

Reviewer:

Date of Review:

Action:

Instructions/Follow Ups: