

## 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:
$\square$ No I, or an immediate family member, have no personal interest conflicts with SHA
$\square$ 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:
$\square$ Yes I have a personal or family relationship with a player, coach, or staff member within SHA.
If yes, please describe:
$\square$ Yes I have other personal interests that could reasonably be perceived as a conflict of interest.
If yes, please describe:
Gifts or Hospitality:
$\square$ 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
$\square$ 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:
$\square$ No I am not aware of other situations that might constitute a conflict of interest not covered above.
$\square$ Yes I am aware of other situations that might constitute a conflict of interest not covered above.
If yes, please describe:
Section 3: Declaration and Signature
$\square$ 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

For Administrator Use Only

Reviewed by:

Date:

Action Taken:

Instructions: