Board Member Conflict of Interests Disclosure Form

Name: ______________________________________________________

A conflict of interest, or an appearance of a conflict, can arise whenever a transaction, or an action, of Finger Lakes Library System conflicts with the personal interests, financial or otherwise, of a board member, or an immediate family member of a board member, or the board member’s employer.

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 immediate future, between Finger Lakes Library System and your personal interests, financial or otherwise:

_____ 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 understand that it is my obligation to disclose a conflict of interests, or appearance of a conflict, to the Board President when a conflict, or appearance of a conflict, arises, and that for transactions in which I have a conflict, I will abstain from any vote on the matter involving the conflict.

Signature: ________________________________ Date: ____________________