

## Conflict of Interest Disclosure Form

Name \_\_\_\_\_ Position \_\_\_\_\_

It is the policy of the Bowls Alberta Association (BA) to address how issues of actual, potential and perceived conflicts of interest involving Board Directors, Committee Members, and employees of BA should be identified, disclosed and managed. This form is designed to identify and disclose known conflicts in an effort to properly manage them. This form is to be filled out after the AGM or at the first meeting of each committee after appointments are made on an annual basis and a copy to be held on file at the BA office. This file is to be accessed only by the Executive Director and the President and Secretary of BA if and when required.

I, \_\_\_\_\_, have read BA's Conflict of Interest policy approved by the Board of Directors and understand that as an Officer/Committee Member/Employee of BA it is my obligation to act in a manner which promotes the best interests of the association and to avoid conflicts of interest when making decisions and taking actions on behalf of BA.

My answers to this disclosure form are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities, I recognize and acknowledge that I have the obligation to notify, based on my position, the appropriate designated individual (Chairman, Board Member, Executive Director), and to abstain from any participation in the matter until BA can determine whether a conflict exists and how that conflict shall be resolved. If any relevant changes occur in my affiliations, duties, or financial circumstances, I recognize that I have a continuing obligation to file an amended "Conflict of Interest Disclosure Form" with the BA office.

I understand that the information on this form is solely for use by BA and is considered confidential information. Release of this information within BA will be on a need-to-know basis only. Release to external parties will be only if required by law.

I have completed and submitted the *Conflict of Interest Questionnaire Form* along with this document.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Conflict of Interest Questionnaire Form**

Please complete the following questions and submit to the BA office.

1. Are you, a member of your immediate family, or any person in a close relationship with you, directly related to, employed, or have a financial interest in any company, firm or organization that presently has business dealings with BA or which might reasonably be expected to have business dealings with BA in the coming year? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please give further details.

2. Have you, or an immediate family member or person you are close relationship with, accepted gifts, gratuities, lodging, dining, or entertainment that might reasonably appear to influence your judgment or actions concerning the running of BA? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please provide details below:

3. Do you have any other interest or role in an organization, where that interest or relationship might reasonably be expected to create an impression or suspicion among the members of BA that your acts and input into decision making may be influenced by your affiliation with that organization and/or for the benefit of that organization. \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please provide details below:

4. Please fill out the chart below to declare *other* roles you fulfill for the national or provincial association and/or for the BA affiliated club you are a member of. Check all those that apply.

Role	Roles that apply to you fulfilled at the national, provincial or club level for lawn bowls	Roles of family member/people in close relations held at the national, provincial or club level	Check if payment is received for fulfilling this role whether at provincial or club level	Check if you understand a conflict of interest could arise in decision making
Board Member				
Active Coach				
Tournament Drawmaster				
Tournament Umpire				
Athlete				

If any material changes to the responses provided on this disclosure form occur, I acknowledge that I will update the information on this form in writing and resubmit the form.

\_\_\_\_\_  
Signed Date

BA will follow-up on all recommended actions to ensure compliance.

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_