**Volunteer Conflict of Interest Policy**

Program Volunteers “Volunteers” must act at all times in the best interests of the national office of the Alzheimer’s Association (individually, “National”) and the Alzheimer's Association Western North Carolina Chapter (individually, “Chapter”) (collectively, “Association”). Presenters shall disclose all potential and actual conflicts of interest to the Chapter and, as required, remove themselves from all education programs, related discussion, and voting on any related matter. Specifically, Presenters shall:

* Not place self-interest or the interest of a third party above the interests of the Chapter or National, and not give the appearance of placing self-interest or the interests of a third party above the interests of the Chapter or National (e.g., the development of personal or other professional relationships with group members);

• Refrain from using the Chapter’s staff, services, equipment, materials, resources, or property for personal or third-party gain, and from representing to third parties that authority as a Presenter extends any further than that which it actually extends;

• Not engage in any outside business, professional conduct, or other activities that may be directly or indirectly adverse to the interests of the Association;

• Not solicit or accept gifts, gratuities, free travel, or any other item of value from any person or entity as a direct or indirect inducement to provide special treatment with respect to matters pertaining to the Chapter or National without fully disclosing such an exchange to the Chapter;

* Provide goods or services to the Chapter or National as a paid vendor to the Chapter or National only after full disclosure to, and advance approval by the Chapter, and pursuant to any related procedures adopted by the Chapter;

• Not persuade any employee of the Chapter to leave the employ of the Chapter or to become employed by any person or entity other than the Chapter or National; and

• Not persuade or attempt to persuade any member, exhibitor, advertiser, sponsor, subscriber, supplier, contractor, or any other person or entity with an actual or potential relationship with the Chapter or National to terminate, curtail, or not enter into its relationship with the Chapter or National, or to reduce any benefit that may be provided to the Chapter or National with respect to such relationship.

This policy shall apply to volunteers, Volunteer Presenters, and all other agents of the Chapter, but shall also apply to all members of the Chapter’s committees, task forces, and others in the Chapter governance structure, as well as to the Chapter’s key employees. On an annual basis, all individuals to whom this policy shall apply shall be provided with a copy of this policy and required to complete and sign an acknowledgement and disclosure form prepared by the Chapter.

**Volunteer Presenter Acknowledgement &**

**Disclosure Agreement**

I have read the Alzheimer's Association **Western North Carolina** Chapter (“Chapter”) Volunteer Conflict of Interest Policy set forth above and agree to comply fully with its terms and conditions at all times during my service as a Chapter Education Program Volunteer Presenter. If I become aware of any actual or potential conflicts of interest at any time following the submission of this form, or if the information provided below becomes inaccurate or incomplete, I will promptly notify the appropriate Chapter representative in writing.

**Disclosure of actual or potential conflict(s) of interest:** Click here to enter text.

Do you receive compensation as an officer, director, committee

member, task force member, or key employee of the Chapter?  Yes  No

Other than reimbursement of reasonable expenses, have you

received or do you expect to receive more than $10,000 per year

from the Chapter for services provided as an independent contractor?  Yes  No

Have you received or do you expect to receive any material  
financial benefit from the Chapter or from group members and/or  
their families in addition or apart from the benefits described in  
the above inquiries?  Yes  No

Do you or any of your family members receive compensation

or material financial benefit from the Chapter?  Yes  No

Do you have a family relationship or business relationship with

any current or former officer, director, or key employee of the

Chapter?\*  Yes  No

**If you answered “Yes” to any of the above, please explain in a separate statement on the back of this sheet.**

     

Volunteer Signature Volunteer Printed Name Date

\*This question does not apply to attorney-client or doctor-patient relationships, nor does it apply to relationships with clergy members.