

Domestic Violence Intervention Program Conflict of Interest Policy

The standard of behavior at the Domestic Violence Intervention Program (DVIP) is that all staff members, volunteers, and Board Members scrupulously avoid any conflict between the interests of DVIP on one hand, and personal, professional, and business interests on the other. This includes avoiding actual conflicts of interest, as well as the appearance of conflicts of interest.

I understand that the purposes of this policy are: 1) to protect the integrity of DVIP's decision-making process, 2) to enable DVIP's constituencies to have confidence in the integrity of board, volunteers and staff, and 3) to protect the integrity and reputation of volunteers, staff and board members.

Upon or before election, hiring or appointment, I will make a full, written disclosure of interests, activities, relationships, and holdings that could potentially result in a conflict of interest. I understand that conflict of interest relates not only to financial accountability but relates to ethical behavior as well. This written disclosure will be kept on file and I will update it as appropriate.

In the course of meetings or activities, I will disclose any interests in a transaction or decision where I (including my business or other non-profit affiliations), my family and/or significant other, employer, or other close associates could experience benefit or detriment. After disclosure, I understand that I am obligated to abstain from the discussion, that I may not attempt to influence others, and that I may not vote on the question.

I understand that this policy is meant to supplement good judgment, and I will respect its spirit, as well as its wording. This policy has been reviewed and discussed with me. I further certify that the information provided below is true, accurate and complete to the best of my knowledge.

Signed _____
Date

Witness _____
Date

Below is a written disclosure of my interests, relationships, and holdings that could potentially result in a conflict of interest (if you are aware of none at this time, please state such).

Current Employer: _____

Former Employer: _____

Partner's Employer: _____

Dependent's Employer(s): _____

Major Financial Holdings: _____

Additional Board Affiliations: _____

Other: _____

An original will be placed in agency file, with a copy given to signer.