

Florida Region of USA Volleyball, Inc.



**YEARLY CONFLICT OF INTEREST DISCLOSURE FORM**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Please describe below any relationships, transactions, positions you hold, or circumstances that you believe could contribute to a conflict of interest between Florida Region of USA Volleyball, Inc. and your personal interests, financial, or otherwise:

\_\_\_\_\_ I have no conflict of interest to report.

\_\_\_\_\_ I have the following conflict of interest to report (please specify other non-profit and for-profit boards that you or your spouse sit on, any for-profit businesses for which you or a family member are an officer or director or a majority shareholder, and the name of your employer and any businesses you or a family member own):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

I certify the above information is true and complete to the best of my knowledge and understand that failure to report a conflict of interest may result in immediate termination of my position with the organization. I have reviewed and agree to abide by the policy of conflict of interest of Florida Region of USA Volleyball, Inc. Furthermore, I agree to submit an updated Conflict of Interest Disclosure Form if my status and/or affiliations should change during the current year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date Received by Florida Region of USA Volleyball, Inc.: \_\_\_\_\_