Board of Health Manual Public Health Sudbury & Districts

Declaration of Conflict of Interest

A potential or actual conflict of interest exists when commitments and obligations are possible or likely to be compromised by the member's other material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed.

I______, do swear or solemnly affirm that in the performance of my duties as a <u>Member of the Board for Public Health Sudbury & District</u> that I will observe and comply with all of the requirements of the Board and the laws of Ontario pertaining to Conflict of Interest.

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

- □ I have no conflict of interest to report.
- □ I have the following conflict of interest to report (please specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit business for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any business you or a family member own:

1.	
2.	
3.	

Furthermore, I confirm that I have read and understand Board of Health policy C-I-16.

Dated this _____day of _____, 20____.

In the city / town of ______ in the Province of Ontario.

Witness

Signature