

**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 member of the Board for Public Health Sudbury & Districts 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 of other nonprofit and for-profit boards I and my partner sit on, any for-profit business for which I or an immediate family member are an officer or director, or a majority shareholder, and the name of my employer and any business I or my family member own:

-
1. _____
2. _____
3. _____
-

Furthermore, I confirm that I have read and understand Board of Health Conflict of Interest Policy and Procedure C-I-16.

Dated this ____ day of _____, 20____.

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

Witness

Signature