

POLICY ON CONFLICT OF INTEREST

Board members, officers and management employees shall exercise the utmost good faith in all transactions touching upon their duties to the Corvallis Caring Place and its holdings. In their dealing with, and on behalf of, the organization, they are held to a strict rule of honesty and fair dealing between themselves and the businesses, residents and contacts of this organization. They shall not use their positions, or knowledge gained thereof, so that a conflict might arise between the Corvallis Caring Place and that of the individual.

A full disclosure of a potential conflict of interest will be made by any board member, officer and management employee declaring any relationship or affiliation that may be construed to be in conflict with the above policy. Board members will abstain from voting on an issue identified as a potential conflict.

The undersigned hereby acknowledges receipt of the Conflict of Interest Policy approved by the Board of Directors on February 11, 2016, and reports that no situation in which she/he is involved could be construed as placing her/him in a position of having a conflict of interest, except possibly the following:

Please list and specify nature of all relationships ("relationship" means financial, work, consulting or contractual agreements, affiliations and interests of any kind) that you, or members of your immediate family may have with the following:

HOSPITAL, NURSING HOME OR SIMILAR FACILITIES: _____

HEALTH CARE ORGANIZATION: (Associations, Societies, Prepaid Health Plans, etc.)

SUPPLIER OF GOODS OR SERVICES TO THE ORGANIZATION:

INSURANCE BROKER OR OTHER INSURANCE AFFILIATION:

A GROUP, BANK OR FINANCIAL INSTITUTION: _____

OTHER: _____

Any situation arising in the future involving a possible conflict of interest will be reported to the Board of Directors Chair Person.

DATE

SIGNED