

# Campbell River Youth Soccer Association Conflict of Interest Disclosure



## General

As a:

*Please identify your role (select only ONE) below:*

Director

Staff Member

Other: \_\_\_\_\_  
(please specify)

of the Campbell River Youth Soccer Association, I must declare any matter or relationship that is or may be reasonably perceived to be a conflict of interest with my responsibilities in my role, as indicated above, with the Campbell River Youth Soccer Association.

In addition, I understand that I must also indicate in writing all affiliations with other organizations which do business with the Campbell River Youth Soccer Association, for example, sales to or purchases from the Campbell River Youth Soccer Association of goods and/or services, particularly if these affiliations could provide a personal or perceived benefit to myself or those associated with me.

## Conflict Identification

Name of affiliated organization(s) and/or nature of the conflict of interest or potential conflict of interest:

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## Reporting & Documenting Conflicts

In the case of members of the Board of Directors and the staff, disclosure shall be recorded on this Disclosure Statement and summarized in the Minutes of the Board of Directors meeting. All conflicts that are reported and recorded will be communicated to



the Board of Directors through the publication of these Minutes. Disclosures by Others (as specified) shall be recorded on this Disclosure Statement and provided to Campbell River Youth Soccer Association for their records.

Should a new matter or relationship arise during the term of a Director, during the employment of a staff member or while carrying out the duties of Others (as specified), and/or if their service to Campbell River Youth Soccer Association changes, that individual is required to immediately file notice of the new matter, relationship or change in status via completing a new Conflict of Interest Disclosure Statement and via verbal declaration at the next Board/Committee meeting, as applicable.

**Declaration**

*Please complete the following statement below.*

I, (name) \_\_\_\_\_ confirm that as of (date) \_\_\_\_\_, the information on this Conflict-of-Interest Disclosure is true and agree that it is valid until my term of office or employment has expired, or until my duties as Other (as specified) are complete, unless otherwise amended.

Signature: \_\_\_\_\_

CRYSA OFFICE USE ONLY	
Received by:	_____
Date	_____
Received:	_____
Position:	_____
Signature:	_____
Date:	_____