Conflict of Interest Policy and Reporting Template

We, the Directors of the AAR Region, resolve that no member of the Board of Directors shall participate in any discussion or vote on any matter in which he or she or a member of his or her immediate family has potential conflict of interest due to having material economic involvement regarding the matter being discussed. When such a situation presents itself, the director must announce his or her potential conflict, disqualify himself or herself, and be excused from the meeting until discussion is over on the matter involved. The President of the meeting is expected to make inquiry if such conflict appears to exist and the board member has not made it known.
American Academy of Religion

Conflict of Interest Disclosure Form

Date Meeting

Date: ____________

Name: ______________________________________________________

Position (employee/volunteer/director):_____________________________

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest between American Academy of Religion 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 nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses 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 businesses you or a family member own):

1.__________________________________________________________________

2.__________________________________________________________________

3.__________________________________________________________________

_____    I received the following grants from American Academy of Religion during the last twelve months:

1.__________________________________________________________________

2.__________________________________________________________________

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I have reviewed, and agree to abide by, the Policy of Conflict of Interest of AAR......Region.

Signature: _____________________________________________________________

Date: ________________________