

POLICY

INTERNATIONAL ASSOCIATION OF WORKFORCE PROFESSIONALS, INC

<i>Name:</i>		<i>Written By:</i>
CONFLICT OF INTEREST		Steve Bent, Executive Director
<i>Initial Approval:</i>	<i>Revision Date:</i>	<i>Applies To:</i>
10/13/18	NA	Board, Staff, Volunteers

Members of the Board of Directors of the International Association of Workforce Professionals (IAWP), officers, volunteers, and key employees must act at all times in the best interests of IAWP. Members of the Board, officers, volunteers, and key employees shall disclose all potential and actual conflicts of interest to the Board of Directors and, as required, remove themselves from all discussion and voting on any related matter. Specifically, members of the Board, officers, volunteers, and key employees shall:

- Avoid placing self-interest or the interests of a third party above the interests of IAWP, and avoid the appearance of placing self-interest or the interests of a third party above the interests of IAWP;
- Refrain from using IAWP’s staff, services, equipment, materials, resources, or property for personal or third-party gain, and from representing to third parties that authority as a Board member extends any further than that which it actually extends;
- Not engage in any outside business, professional conduct, or other activities that may be directly or indirectly adverse to the interests of IAWP;
- Not solicit or accept gifts, gratuities, free travel, or any other item of value from any person or entity as a direct or indirect inducement to provide special treatment with respect to matters pertaining to IAWP without fully disclosing such an exchange to the Board of Directors;
- Provide goods or services to IAWP as a paid vendor to IAWP only after full disclosure to, and advance approval by, the Board of Directors, and pursuant to any related procedures adopted by the Board;
- Not persuade any employee of IAWP to leave the employ of IAWP or to become employed by any person or entity other than IAWP; and
- Not persuade or attempt to persuade any member, exhibitor, advertiser, sponsor, subscriber, supplier, contractor, or any other person or entity with an actual or potential relationship with IAWP to terminate, curtail, or not enter into its relationship with IAWP, or to reduce any benefit that may be provided to IAWP with respect to such relationship.

This policy shall apply to the members of the IAWP Board of Directors, but also shall apply to all members of IAWP committees, task forces, and others in the IAWP governance structure, as well as to IAWP’s key employees. On an annual basis, all individuals to whom this policy shall apply shall be provided with a copy of this policy and required to complete and sign an acknowledgement and disclosure form prepared by the Board of Directors.



Acknowledgement and Disclosure Form

I have read the International Association of Workforce Professionals (IAWP) Conflict of Interest Policy set forth above and agree to comply fully with its terms and conditions at all times during my service as a member of the IAWP Board of Directors, an officer, volunteer, or a key employee of IAWP. If I become aware of any actual or potential conflicts of interest at any time following the submission of this form, or if the information provided below becomes inaccurate or incomplete, I will promptly notify the IAWP Board of Directors or the Chief Executive Officer of IAWP in writing.

Disclosure of actual or potential conflicts of interest:

Do you receive compensation as an Officer, Director, committee member, task force member, or key employee of IAWP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other than reimbursement of reasonable expenses, have you received, or do you expect to receive more than \$10,000 per year from IAWP for services provided as an independent contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received, or do you expect to receive any material financial benefit from IAWP in addition or apart from the benefits described in the above inquiries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any family member receive compensation or material financial benefit from IAWP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a family relationship or business relationship with any current or former Officer, Director, or key employee of IAWP?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "Yes" to any of the above, please explain in a separate statement and attach with submission of this form.

Signature _____ Date _____

Name (please print) _____