CONFLICT OF INTEREST DISCLOSURE FORM

1. During the past 12 months, did you own or purchase stock constituting 10% or greater ownership in any corporation or interest in any business enterprise that does business with AOHP?
   □ Yes  □ No
   If yes, please explain: ___________________________________________________________

2. If the answer to Question Number 1 is yes, did you benefit financially from this stock or interest due to any decision or action by you as a volunteer leader of AOHP?
   □ Yes  □ No
   If yes, please explain: ___________________________________________________________

2. During the past 12 months, did you or any related party have any interest, direct or indirect, in any transaction or arrangement or pending or proposed transaction or arrangement with AOHP?
   □ Yes  □ No
   If yes, please explain: _______________________________________________________

4. Did you profit financially in any way during the past 12 months as a result of any decision or action by you in the capacity of an AOHP volunteer leader?
   □ Yes  □ No
   If yes, please explain: _______________________________________________________

5. Do you consider that during the past 12 months there was any conflict or any perceived conflict, in any way, between your official duties as an AOHP volunteer leader and any other interest?
   □ Yes  □ No
   If yes, please explain: _______________________________________________________

Other organization(s) to which I belong:

I have reviewed the AOHP Conflict of Interest Policy and agree to be bound by its provisions for the duration of my appointed or elected term. The answers to the foregoing are accurate to the best of my knowledge and belief, and I will promptly notify AOHP of any changes which would make any of the answers no longer accurate.

Name____________________________________________________________________________
Volunteer Leader Title_________________________________________
Chapter_________________________________________________________
Signature________________________________________  Date___________________________

Review Date: 08/07, 08/09, 08/13, 08/15
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Supersedes Policy Dated:
Effective Policy Date: 05/07