Harrison County Community Foundation Conflict of Interest Disclosure and Confidentially Statement

During the time that I serve on the board of directors, as a Community Volunteer, or as an employee of the Harrison County Community Foundation, I realize that I will gain access to information that is considered to be confidential and/or proprietary. Such information may relate to donor financial information, submitted proposals, or decisions made with regard to the business of the Harrison County Community Foundation.

Since confidential and proprietary information can be crucial to the operation of the Foundation, and because the Foundation in some instances has the obligation to protect such information, I agree that I will not use, publish or disclose such information during or subsequent to my employment or participation on the board of directors, and that I will preserve the restricted nature of this information except to the extent that it becomes publicly available, or is otherwise lawfully obtained outside the scope of this agreement from third parties.

Additionally, as a member of the board of directors, community volunteers, or staff, I realize that I have an obligation to disclose and eliminate (when necessary) any potential or actual duality of interest or conflict of interest.

that I or a member of my immediate future seek to do business with with a person or organization, which is a consultant or independent officer). The term "immediate faithe same household. The length of the same household."	ty organizations, nonprofit corporate that family has a relationship with, the the foundation. The term "relation nether employment (such as a volunt dent contractor) or fiduciary (such as mily" means spouse, parent, child or of conflict of interest of outside boar a twelve (12) month look-back periods.	hat have sought or may in aship" means any relation teer assignment, part-time is a board member or other individual living in ord membership and
this statement, with respect to coninformation given in this stateme	understand and agree to the foundate infidential information and conflict of int is complete and accurate to the be- iny changes in my external organizate ile.	of interest, and that the est of my knowledge. I
Printed Name	Signature	Date