U.S. MASTERS SWIMMING

CONFLICT OF INTEREST POLICY & QUESTIONNAIRE

U.S. Masters Swimming Inc. (USMS), requires each Board member, Committees of the Board and staff members to annually:
1) review USMS's Conflict of Interest Policy (the “Policy”);
2) disclose any possible personal, familial, or business relationship that reasonably could give rise to a conflict of interest or the appearance of a conflict of interest as described in the Policy.

CONFLICT OF INTEREST POLICY

The standard of behavior for USMS is that all staff, volunteers, officers and board members shall maintain the highest level of integrity and ethical behavior and scrupulously avoid conflicts of interest between the interests of USMS on one hand, and personal, professional, and business interests on the other. This includes avoiding potential and actual conflicts of interest, as well as perceptions of conflicts of interest.

I understand that the purposes of this policy are to protect the integrity of USMS's decision-making process, to enable our members to have confidence in our integrity, and to protect the integrity and reputations of volunteers, staff, officers and board members. Before engaging in discussions and decision making on behalf of USMS, I will make a full, written disclosure of interests, relationships, and holdings that could potentially result in a conflict of interest. This written disclosure, signed annually, will be kept on file with the secretary and I will update it as appropriate.

In the course of meetings or activities, I will disclose any interests in a transaction or decision where I (including my business or other nonprofit affiliations), my family and/or my significant other, employer, or close associates will receive a benefit or gain. After disclosure, I understand that I may be asked to recuse myself from voting or otherwise participating in the decision making. The decision making body (BOD, HOD, EC, or other) in its sole discretion shall determine if any conflict or potential conflict of interest exists and the extent to which I shall be limited in my privilege to participate in discussion and voting.
CONFLICT OF INTEREST QUESTIONNAIRE

The information provided on this form shall be available for inspection by members of the Board, the USMS auditors and Audit Committee, but shall otherwise be held in confidence except when, after consultation with the applicable member, the Board determines that USMS’s best interest would be served by disclosure.

Please respond to the following questions to the best of your knowledge.

1. Please list all corporations (including LMSCs and local swim programs) partnerships, associations, other non-profit or charitable organizations or any other organization of which you are an officer, director, trustee, partner, or employee, and describe your affiliation with such entity.
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________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Please list any proposed business dealings between USMS and you, your family members, and/or entities. Describe each such relationship listed and the actual and potential financial benefits as you can best estimate them.
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________________________________________________________________________
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3. Are you aware of any other relationships, arrangements, transactions, or matters which could create a conflict of interest or the appearance of conflict? If so, please describe.
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________________________________________________________________________
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4. Please list all business dealings that you, your family members, and/or entities have had with USMS in the past two years.

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_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I understand that this policy is meant to supplement good judgment, and I will respect its spirit as well as its wording. I have reviewed, and agree to abide by, the Conflict of Interest Policy of USMS that is currently in effect.

Signed: __________________________________________
USMS Member

Printed Name: _________________________________

Date:____________________

Please Circle All That Apply:

Board of Directors
Candidates
Audit Committee
Compensation & Benefits Committee
Finance Committee
Governance Committee
Investment Committee
Policy Committee
Swimming Saves Lives Foundation Committee
Staff