MEND CONFLICT OF INTEREST STATEMENT

Policy: MEND’S employees, officers, directors, and agents are prohibited from engaging in any act which is, could be, or could appear to be in conflict with their status as a MEND employee, volunteer, or agent. This includes the use of one’s position with MEND for personal profit or advantage.

Action

Every employee, officer, director, and agent shall avoid any action, which might result in or create the appearance of:

a. Using his or her position for private gain;
b. Giving preferential treatment to anyone;
c. Impeding MEND’s efficiency or economy;
d. Losing independence or impartiality;
e. Adversely affecting the member’s and/or public confidence in MEND’s integrity.

Financial Interest

No employee, officer, director, or agent shall:

a. Have a direct or indirect financial interest which conflicts, or appears to conflict, with his or her duties and responsibilities; or
b. Engage in, directly or indirectly, a financial transaction influenced by information obtained through his or her employment with MEND.

All employed officers, directors, and agents must immediately disclose to the Board of Directors all actual or potential conflicts of interest with any business, transaction, service, or confidential information of MEND.

Agreement

In the course of meetings or activities, I will disclose interests in any transaction or decision where I, my business, my family, or any other close associate will receive a significant benefit or monetary gain. After disclosure, I understand that I may be asked to leave the room for discussion and will not be permitted to vote on the issue.

I have read and understand the policy stated above regarding the potential for a conflict of interest. I understand that engaging in such activities will lead to disciplinary action up to and including my expulsion from my position. Further, I understand that this policy is meant to supplement good judgment, and I will respect its intent as well as its wording.

I acknowledge that I have received and read this policy and understand its contents.

_____________________________  _____________________________  ________________
Print Name                        Signature                            Date