VONL BOARD OF DIRECTOR CONFLICT OF INTEREST

DISCLOSURE FORM

I hereby acknowledge that I have received a copy of VONL's Conflict of Interest Policy. I have read and understand the Policy, including the fact that it applies to all board members. I also understand that VONL is organized to advance charitable purposes, and that in order to maintain tax-exempt status, it must continuously engage primarily in activities which accomplish one or more tax-exempt purposes and in operations that do not result in private inurement or impermissible benefit to private interests. I hereby agree to be legally bound and comply with the Conflict of Interest Policy as a condition of my continued board service association with the Virginia Organization of Nurse Leaders. Failure to comply with this policy may result in removal from my position.

I hereby certify that I have the following interests in the following organizations with which VONL has or may reasonably in the future enter into, a relationship or a transaction or arrangement in which I have financial or conflicting interest:

Name of the organization	**Address**	**Description**

I hereby certify that the above information is true, correct, and complete to the best of my knowledge, information and belief.

Date_____ Signature_____