

Community Living Coalition Declaration of Ethical Conduct Disclosure of Interest and Potential Conflict

Name of Individual: _____

Name of Organization: _____

Date of Disclosure: _____

Specific Nature of Interest I am Disclosing

- | | |
|--|--|
| <input type="checkbox"/> Staff, Non-Profit Contractor | <input type="checkbox"/> Owner/Manager, Private Contractor |
| <input type="checkbox"/> Individual Private Contractor | <input type="checkbox"/> Staff, Private Contractor |
| <input type="checkbox"/> Family member of child or adult receiving service from MCFD | <input type="checkbox"/> Family member of person receiving disability benefits |
| <input type="checkbox"/> Family member of a child or adult in need of services | <input type="checkbox"/> I receive disability benefits |
| <input type="checkbox"/> I receive services from MCFD | <input type="checkbox"/> Other _____ |

Declaration of Ethical Conduct

As a supporter of the Community Living Coalition (Coalition) I understand that we are working to improve community living services provided by government.

I also understand that people or organizations within the Coalition receive services, employment or other payments directly or indirectly from government or may be offered employment, consulting contracts or receive money from government during the tenure of the Coalition's work. Therefore, I agree to:

- Disclose the general nature of my interest and to disclose any change in the nature of my interest, and,
- At anytime during any discussion of Coalition matters where the nature of the discussion puts me in a position of a conflict of interest; or where it may appear there is a conflict of interest; or at the request of any member of the Coalition I will:
 1. immediately disclose the specific nature of that conflict, and,
 2. at the direction of the chair of the meeting, leave the room when discussion is taking place and only return when directed to do so.

I further understand that this disclosure is a public document and may be shared with anyone at anytime without my consent or prior knowledge.

Date

Signature