



ElderSource
BOARD OF DIRECTORS CONFLICT OF INTEREST QUESTIONNAIRE

Name: _____ Date: _____

List any business and professional activities in which you are an owner, partner, officer, board member, employee or member as of the date of this application:

Names of Business/Professional Organization with which you are associated

Position held

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I have read the by-laws of the Northeast Florida Area Agency on Aging and have listed any possible conflict below:

_____ I have no interests which would result in a conflict with the Northeast Florida Area Agency on Aging.

_____ I have interests, as described below, which could result in a conflict with the Northeast Florida Area Agency on Aging.

When acting as a member of the Board of Directors of the Agency, I will place the interest of the Agency above all other interests.

Signature

Date