



## CONFLICT-OF-INTEREST DISCLOSURE

### 1. Purpose

This form is intended to provide full disclosure of any personal, professional, financial, or relational interests that could potentially influence, or appear to influence, the undersigned Member's decision-making or actions as an officer, elder, or core participant in the Shield of Souls Assembly ("the Assembly").

### 2. Identification

(a) Name of Member: \_\_\_\_\_

(b) Role/Office: \_\_\_\_\_

(c) Disclosure Period (if applicable): \_\_\_\_\_

### 3. Statement of Interests

Please disclose any current or prospective interest (direct or indirect) that may relate to matters within the Assembly. This includes, but is not limited to:

#### (a) Financial Interests:

(i) Ownership, employment, or investment in any outside entity that could benefit from Assembly decisions.

#### (b) Familial/Relational Interests:

(i) Close family relationships with other Members, officers, or with external persons/entities doing business with the Assembly.

#### (c) Outside Affiliations:

(i) Memberships, directorships, or official positions in other organizations that could overlap or conflict with your responsibility to the Assembly.

#### (d) Any Other Interests:

(i) Any personal beliefs, obligations, or situations not covered above which may present a real or perceived conflict.

"Chief Lead," Initial \_\_\_\_\_

"Member" Initial \_\_\_\_\_

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- (a) The undersigned affirms that all relevant interests have been disclosed to the best of their knowledge and belief.
- (b) The Member pledges to immediately update this disclosure should circumstances change or a new potential conflict arise.
- (c) The Member affirms their ongoing commitment to act in the best interest of the Assembly and to recuse themselves from deliberation, voting, or decision-making when an actual or perceived conflict of interest exists.

(a) This disclosure will be held in confidence within the Assembly’s administrative records, shared only with those tasked with oversight or when required for accountability.

(b) Discovery of an undisclosed conflict after the fact may warrant review or remedial action according to Assembly protocols.



## 6. Affirmation and Signature

I, the undersigned, certify the truth and completeness of the information provided herein.

Signed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

"Member" \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

"Witness" \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

"Chief Lead," "Founder" \_\_\_\_\_

**Name:** Ethan Allen UST **Date:** \_\_\_\_\_

