

APPENDICES

VIRGINIA Youth Soccer Association, Inc.

A MEMBER OF THE UNITED STATES SOCCER FEDERATION AND THE UNITED STATES YOUTH SOCCER ASSOCIATION

CONFLICT OF INTEREST DISCLOSURE STATEMENT

Name _____
Position _____

I. FINANCIAL OR BUSINESS CONFLICTS

Fill in section A or check section B

A. Following are my actual or potential "*financial or business*" conflicts of interest, in which either I personally, my relative(s), or my employer or business(es) own any part of an entity with which VYSA has or is considering a contract, business arrangement, or compensation (e.g., selling goods or services to VYSA).

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

B. _____ I know of no actual or potential "*financial or business*" interests that I have that might give rise to conflicts of interest with VYSA.

II. PERSONAL OR OTHER LOYALTY CONFLICTS

Fill in section A or check section B

A. Following are my actual or potential "*personal or other loyalty*" conflicts of interest concerning power and influence, in which either I personally, my relative(s), or my employer or business(es) have a relationship with another entity upon which VYSA may confer a benefit or levy a punishment.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

B. _____ I know of no actual or potential "*personal or other loyalty*" interests that I have that might give rise to conflicts of interest with VYSA.

Signature

Date

VIRGINIA Youth Soccer Association, Inc.

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CONFIDENTIALITY STATEMENT

As a director, officer, volunteer, or staff member of the Virginia Youth Soccer Association, Inc. (VYSA), I understand that I may receive confidential or inside information from time to time on present or proposed policies, programs, activities, or transactions of VYSA. I also understand that use or disclosure of the existence of the endeavor, or of any confidential information about it, may jeopardize either the success of the endeavor or harm or disadvantage to VYSA, or both.

I recognize my fiduciary obligation to act in the best interests of VYSA, and I agree not to disclose or use confidential and inside information that I receive or obtain about VYSA in my capacity as a director, officer, volunteer, or staff member of VYSA.

Understood and agreed by:

Name (Please Print)

Title, Office, or Position

Signature

Date