



CONFLICT OF INTEREST POLICY

Purpose

The purpose of this Conflict of Interest Policy is to protect the integrity of Softball NB by ensuring that all board members, staff, volunteers, and committee members act in the best interests of the organization. This policy is intended to prevent any conflicts, whether real or perceived, that may compromise the organization's decision-making process or reputation.

Definition of Conflict of Interest

A conflict of interest arises when an individual's personal, professional, or financial interests could interfere with their duties and responsibilities within Softball NB. Conflicts of interest can be:

- Actual: A direct conflict exists between an individual's duty to the organization and their personal interests.
- Perceived: A situation where it could appear to others that a conflict exists, even if no actual conflict is present.
- Potential: A situation that could develop into an actual or perceived conflict of interest.

Policy Statement

All staff/board members with Softball NB must:

- Disclose Conflicts: Promptly disclose any actual, perceived, or potential conflicts of interest to the appropriate party (e.g., Board Chair or Executive Director).
- Recuse Themselves: Abstain from participating in any discussions or decisions where a conflict of interest exists.
- Act in the Best Interests of the Organization: Ensure that their actions and decisions are always guided by the best interests of Softball NB and its stakeholders.

Confidentiality

All conflict of interest disclosures will be treated confidentially. However, the organization reserves the right to share this information with relevant parties if it is necessary to protect the organization's integrity.

Consequences of Non-Compliance

Failure to disclose a conflict of interest or failure to comply with this policy may result in disciplinary action, up to and including removal from the individual's position within Softball NB.

REVIEWED: February 1, 2025



Conflict of Interest Disclosure Form

Name: _____ Position: _____

Please disclose any actual, perceived, or potential conflicts of interest below:

I acknowledge that I have read and understood the Conflict of Interest Policy and agree to abide by its terms.

Signature:

Date:

Approval and Review

This Conflict of Interest Policy was approved by the Board of Directors on _____. The policy will be reviewed annually to ensure its relevance and effectiveness.

Witness Signature:

Position:

Date:

REVIEWED: February 1, 2025