CoNPS Board Member Pledge and Conflict of Interest Disclosure:

With his/her signature below, all Board Members agree to adhere to the Colorado Native Plant Society’s Conflict of Interest, Code of Conduct, and Whistleblower policies, and additional Board Member Code of Conduct expectations listed below. Conflicts of Interest will be disclosed on the following attached form. For the purposes of this document, board members include voting members: officers, directors, and chapter presidents and non-voting members: committee chairpersons and advisors to the Board.

1. **Confidentiality**

Board members are reminded that confidential financial, personnel and other matters concerning the organization, donors, staff or clients/consumers may be included in board materials or discussed from time to time. Board Members should not disclose such confidential information to anyone.

2. **Code of Conduct of Board of Director Members**

Board members are expected to exercise the duties and responsibilities of their positions with integrity, collegiality, and care. Remember: CoNPS - CoNsistently Positive and Supportive. This includes:

- Making attendance at all meetings of the board a high priority.
- Being prepared to discuss the issues and business on the agenda, and having read all background material relevant to the topics at hand.
- Cooperating with and respecting the opinions of fellow Board members, and leaving personal prejudices out of all board discussions, as well as supporting actions of the Board even when the Board member personally did not support the action taken.
- Putting the interests of the organization above personal interests.
- Representing the organization in a positive and supportive manner at all times and in all places.
- Showing respect and courteous conduct in all board and committee meetings.
- Observing established lines of communication and directing requests for information, assistance, or resolution of grievances to an Officer of the Board.

I, ______________________________________, recognizing the important responsibility I am undertaking in serving on the CoNPS Board of Directors, hereby pledge to carry out in a trustworthy and diligent manner the duties and obligations associated with my role and abide by this Code of Conduct and CoNPS’ policies of Conflict of Interest, Code of Conduct and Whistleblower. I understand that failure to abide by this Code of Conduct may result in my removal as a Board Member or membership in the Society, pursuant to the requirements and processes provided in the organization’s governing documents.

Signature________________________________________ Date __________________________

Below, please list the contact information you would like to use for CoNPS business:

Email Address __________________________________________

Phone Number(s) __________________________________________
Attachment: Annual Disclosure of Conflict of Interests

Name: _______________________________________________________

Position: ____________________________________________________

Date: _______________________________________________________

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

_____ I have no conflict of interest to report.

_____ I have the following conflict of interest or potential conflict of interest to report (please specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own:

1. ______________________________________________________________________

2. ______________________________________________________________________

3. ______________________________________________________________________

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature: _______________________________________________________

Date: __________________________________________