



CONFLICT OF INTEREST POLICY AND DISCLOSURE STATEMENT

Policy Statement:

Because of the public service mission of Calvert Hospice, it is particularly important that the community have confidence in its management and administration. If a member of the Board of Directors or an employee will derive any financial profit or gain directly or indirectly by reason of membership on the Board of Directors or through service provided to the agency, the objectivity or loyalty of that member or employee could be questioned, and a charge of self-dealing could be made because of the possible conflict of interest.

In order to establish a procedure for dealing with the issue and to encourage disclosure, all Board members and employees will be required to submit a disclosure statement at the beginning of their term of office or employment and annually thereafter.

If a matter arises in which a member of the Board has a conflict of interest, the member shall promptly disclose it to the Board of Directors. If a matter arises in which an employee has a conflict of interest, the employee shall promptly disclose it to the Executive Director, who shall discuss it with the Board.

If a transaction involves a conflict of interest, a Board member or employee may disclose any known significant reasons why the transaction might not be in the best interests of the agency. However, the Board member or employee shall not participate in discussion unless requested to do so, nor vote on the transaction. His or her abstention and the reason for it shall be recorded in the minutes, if any.

Individual Disclosure Statement:

This statement shall be completed by each member of the Board of Directors and each employee in compliance with the policy statement set forth above, which has been adopted by the board.

I have read and am fully familiar with the Policy Statement Regarding Conflict of Interest adopted by the Board. I am not presently involved in any transaction, investment, or other matter in which I would derive any financial profit or gain directly or indirectly as a result of my membership on Calvert Hospice's Board or my employment. Furthermore, I agree to disclose any such interest which may occur in accordance with the requirements of the Policy Statement.

Name: _____

Signature: _____ Date: _____

Position: Board Member Employee Contractor Volunteer

Effective: May, 1998
Revised: March, 1999
Reviewed: June 2000

Reviewed: June 2001
Reviewed: June 2002

Reviewed: June 2003
Reviewed: June 2004

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