OFFICER AND VOLUNTEER ACKNOWLEDGEMENT OF DUTIES

I have received a copy of the duties for the following position(s):

_____

_____

_____

I have reviewed the duties and I understand all my responsibilities. I am able to perform the essential functions as outlined. If I have any questions about duties not specified on this description I will discuss them with the Central Florida Chapter of NIGP Board of Directors.

I further understand that my eligibility for scholarship points is based on my ability to perform the duties and responsibilities and my effort to meet the outcomes and deliverables outlined for my position.

I have discussed any questions I may have had about this job description prior to signing this form.

CONFLICT OF INTEREST DISCLOSURE

I hereby acknowledge that, as representative of CFC-NIGP, I occupy a position of trust and that I am expected to act in good faith and with loyalty to CFC-NIGP. I declare that if any private interest of mine, or of any individual or entity with whom I have a significant relationship, conflicts with my duties and responsibilities to CFC-NIGP, I shall voluntarily disclose that conflict in accordance with Exhibit A, Conflict of Interest policy, attached hereto. I certify that, to the best of my knowledge, no aspect of my current personal or professional circumstances places me in the position of having a private interest which is in conflict with any interest of CFC-NIGP, or with my obligations to CFC-NIGP

_____ _____
Officer/ Volunteer's Signature Date

_____
Officer/ Volunteer's Name (please print)

PLEASE SUBMIT FORM TO SECRETARY@CFCNIGP.ORG