Conflict of Interest Information Form

Name: _____ Date: _____

Please describe below any relationships, positions, or circumstances in which you are involved that you believe could contribute to a conflict of interest (as defined in St. John Ambulance's Conflict of Interest Policy) arising.

_____

_____

_____

_____

The following agreement has been reached:

_____

_____

_____

_____

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I have reviewed, and agree to abide by the St. John Ambulance Conflict of Interest Policy that is currently in effect.

Declarant's Signature: _____ Date: _____

Immediate Supervisor's Signature: _____ Date: _____