

## The Guild for Human Services, Inc. Conflict of Interest Disclosure Statement

This Conflict of Interest Disclosure Statement is to be completed by existing and new members of the Board of Trustees of The Guild for Human Services, Inc. (The "Guild") at the time each Trustee joins The Guild's Board and thereafter at the Annual Board of Trustees meeting in October of each year.

I acknowledge that I have received and read my personal copy of The Guild's Conflict of Interest Policy. I agree that at such time as any matter comes before the Board of Trustees or a committee of the Board of Trustees in such a way to give rise to a potential or actual conflict of interest, I shall immediately make known the potential or actual conflict, regardless of whether I made a previous disclosure. I will absent myself from that portion of any Board meeting that considers my disclosure. After answering any questions that might be asked of me, if the Board determines that a conflict of interest exists, I shall withdraw from any meeting so long as the Trustees continue their discussion of the matter and I shall not otherwise participate in, discuss or vote on the matter.

Except as set forth below, to my knowledge, neither I nor any person who is a related party to me (as defined in the Conflict of Interest Policy) has any conflict of interest with The Guild. I understand that I must update this Disclosure Statement annually and immediately upon becoming aware of any previously undisclosed conflict of interest or in the event of any inaccuracy or incompleteness in this Statement.

(State 'none' or describe below in detail all conflicts of interest you or any related party has or may likely have. (Please use an additional sheet, if necessary.)

Signature:	Date:
Printed Name:	