

Board of Trustees Application

Name		Date	
Address	City	State	Zip Code
Home Phone	Cell Ph	one	
E-mail Address			
Employer	Address		
Occupation	Type of	Business	
Are you the parent or family member of a	child with a disability	? Yes No _	
Child/Adult AgeDisability		Family Member R	elation
Please indicate which program your child	currently attends:		
Early Intervention Program Prescho	•	Charter School	Private School
Are you currently a member of Parent to F	Parent of Miami?	Ves No	
Please list volunteer commitments on other	er boards, committee	s, and group/profession	al organizations:
Why are you interested in becoming a Par	ent to Parent of Mian	ni board member?	
Area(s) of expertise or contributions:			
Please return the completed appli ************** r office use only:			
ard of Trustees application received	reviewed	approved for back	ground screening
plication moved to next board meeting for full B	oard of Trustees approv	val. Next meeting date	
plicant is notified by Board Chair: Accepted	Ro	ejected	
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Conflict of Interest Statement

The standard of behavior at Parent to Parent of Miami is that all staff, volunteers, and board members scrupulously avoid conflicts of interest between the interests of Parent to Parent of Miami on one hand, and personal, professional, and business interests on the other. This includes avoiding potential and actual conflicts of interest, as well as perceptions of conflicts of interest.

I understand that the purposes of this policy are to protect the integrity of the Parent to Parent of Miami's decision-making process, to enable our members and the community to have confidence in our integrity, and to protect the integrity and reputations of volunteers, staff and Board members. In order to facilitate this policy, I will complete a disclosure statement listing my employment, business interests, organizations or affiliations that might become conflicts. This written disclosure statement will be kept on file and I will update it as appropriate.

In the course of meetings or activities, I will disclose any interests in a transaction or decision where I (including my business or other non-profit affiliations), my family and/or my significant other, employer, close associates will receive a benefit or gain. After disclosure, I understand that I will be asked to leave the room for the discussion and will not be permitted to vote on the question.

I understand that this policy is meant to supplement good judgment, and I will respect its spirit as well as its wording.

Conflict of Interest Disclosure Statement

In order to be more comprehensive, this disclosure statement also requires you to provide information with respect to certain parties that are related to you. These persons are termed "affiliated persons" and include the following: your spouse, domestic partner, child, mother, father, brother or sister; it also applies to affiliations to other non-profits or starting a non-profit which fundraising activities may impact or could potentially impact the organization.

1.	Name: (Please print)				
2.	Capacity:	Board of Trustees	Committee Member		
		President/CEO	Staff		
3.	8. Place of employment:				

4.	Place of employment of affiliated persons:			
5.	Organizations in which you, or an affiliated person, have a financial interest:			
6.	Organizations in which you, or an affiliated person, are a board member:			
7.	Organizations in which you, or an affiliated person, have a substantial beneficial interest or in which you serve as a Trustee/President/CEO or similar capacity:			
8.	Name			
9.	Signature Date			