

**CONFIDENTIAL**

**ARTHRITIS FOUNDATION, INC.**

**CONFLICT OF INTEREST DISCLOSURE FORM**

**(VOLUNTEER)**

This form is required of all "Representatives," as defined in the Arthritis Foundation's Conflict of Interest Policy.

Name: \_\_\_\_\_

(please print)

1. Are you, any of your immediate family, or any close personal friends employed by or affiliated with any vendor, purchaser, supplier, sponsor, or service provider to the Arthritis Foundation? If so, please list the names of those individuals and/or businesses.

2. Are

(a) you, OR

(b) any of your immediate family, OR

(c) any close personal friends, OR

(d) any businesses with which you, a member of your immediate family or close personal friends (i) are employed by, (ii) have a significant ownership interest in, or (iii) are otherwise affiliated with:

compensated for goods or services provided to the Arthritis Foundation (excluding reimbursement for out-of-pocket business expenses)? If so, please describe below the type of goods or services and amount of fees or compensation received during the prior 12 months.

3. Are

(a) you, OR

(b) any of your immediate family, OR

(c) any close personal friends, OR

(d) any institutions with which you, a member of your immediate family or close personal friends are employed by or affiliated with:

applying for or receiving funding from the Arthritis Foundation? If so, please list below the institutions, individuals, and nature of the affiliation or details of your relationship.

4. Are you, any of your immediate family, or any close personal friend the investigator for or recipient of any funding awarded by the Arthritis Foundation? If so, please describe below the nature, amount and term of the grant(s).

5. Are you a member of the governing board of any other not-for-profit or for-profit organization? If so, please identify the organization(s).

6. Do you receive monetary compensation for providing any editorial or advisory services to the Foundation or its publications? If so, please explain the nature and annual amount of compensation.

7. Are you familiar with the Foundation's Conflict of Interest Policy, including your responsibility to recuse yourself from voting on any committee or board action which would create a Conflict of Interest for you and the Foundation?

8. Are you currently serving, or do you anticipate serving as an elected or appointed government official? If so, please provide details.

I have reviewed the Conflict of Interest Policy of the Arthritis Foundation, Inc. and agree to abide by the terms of that policy.

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Signature

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Date