

American Legion Auxiliary  
Department of Wyoming

CONFLICT OF INTEREST and HOLD HARMLESS FORM

(To be completed by members of the Department Executive Committee)

1. Do you or any family members receive compensation from or have a material financial interest in any entity that furnishes goods or services to the American Legion Auxiliary Department of Wyoming? (Example: Do you or a family member work for a company that sells a product that you know has been or may be purchased by American Legion Auxiliary Department of Wyoming.)

YES

NO

If you answered "yes" please complete the following:

Company/organization with which you or family members are involved:

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Nature of Business \_\_\_\_\_

Type(s) of product(s) or services? \_\_\_\_\_

Your job title \_\_\_\_\_

What was the value of the product or service provided over the past year? \_\_\_\_\_

2. To the best of your knowledge, are there any other relationships or circumstances that would result in a conflict of interest in your relationship with the American Legion Auxiliary Department of Wyoming?

YES

NO

If you answered "yes" please explain \_\_\_\_\_

I agree that if I am injured while performing any duty as an officer for the Wyoming Department of American Legion Auxiliary Executive Committee including traveling to or from any meeting, that I will hold harmless the Wyoming Department of American Legion Auxiliary for my injuries.

I also agree that if I become aware of any information that might indicate that this disclosure is inaccurate, I will notify the ALA Department of Wyoming immediately.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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