

Position: \_\_\_\_\_

District: \_\_\_\_\_ Chapter: \_\_\_\_\_

**Conflict of Interest for the LPA Board of Directors,  
Elected Officers and Members with Access to the LPA Database or LPA Database Information**

As a 501(c)3 not-for-profit corporation Little People of America (LPA), its Board of Directors, and its Elected Officers, Committee Chairs and Committee members, are committed to maintaining the highest standard of conduct in carrying out its fiduciary duties of care, diligence, and loyalty in pursuit of its mission. As such, each and every member of the board, and the elected officers, shall adhere to the following:

**Conflict of Interest**

1. Represent the best interests of the LPA at all times and disclose any and all duality of interest or conflicts of interest, material or otherwise, that may impede or be perceived as impeding the capacity to deliberate or act impartially and in good faith, on behalf of the best interests of LPA.
2. Conform to the procedures for conflicts of interest and disclosure established by the board.
3. Will not seek or accept, on behalf of self or any other person, any financial advantage or gain that may be offered because or as a result of the board member's affiliation with LPA.
4. Publicly support and represent the duly made decisions of the board. Speak positively of the organization to LPA members, and all current and potential stakeholders and constituencies.
5. Do not take any public position representing LPA on any issue that is not in conformity with the official position of the corporation.
6. Do not use or otherwise relate one's affiliation with LPA or one's position to independently promote or endorse political candidates or parties for the purpose of election.
7. Do not use or otherwise relate one's affiliation with LPA or one's position to independently promote or endorse any religion or religious activity.

**Certification**

I, the undersigned, certify that I have read and understand the Conflict of Interest statement of LPA. I affirm that neither I, nor any member of my family or household, has an interest or taken any action which counters the policies of LPA or impedes my ability to act as a fiduciary and in the best interests of LPA. I agree to comply fully with the policy as stated or further amended.

\_\_\_\_\_

Printed Name

Signature

Date

**Confidentiality**

Each member of the LPA Board of Directors, Elected Officers, Committee Chairs, Committee Members and any person granted access to the LPA Database agrees to:

1. Maintain full confidentiality of information obtained as a result of service to LPA in accordance with board policy or direction, including database information.
2. Use database and contact information only for official LPA business in the conduct of the affairs of your office or task/project for LPA.

**Certification**

I, the undersigned, certify that I have read and understand the Confidentiality statement of LPA. I agree to comply fully with the policy as stated or further amended.

\_\_\_\_\_

Printed Name

Signature

Date

Please sign and fax to the LPA National Office at 714-368-3367 or email to [info@lpaonline.org](mailto:info@lpaonline.org)