

EMANUEL SYNAGOGUE
ANNUAL CONFLICTS OF INTEREST STATEMENT

I, _____, have (check all that apply):

1. ____ Received and read a copy of the Emanuel Synagogue Conflicts of Interest Policy.
2. ____ Received training by my supervisor or my supervisor's designee regarding the Emanuel Synagogue Conflicts of Interest Policy.
3. ____ Received training regarding the Emanuel Synagogue Conflicts of Interest Policy at a meeting of the new Board of Trustees no later than September 30 of this year.
4. ____ Have otherwise been informed of each of the obligations under the Emanuel Synagogue Conflicts of Interest Policy.

Name (Sign)

Date

Name (Print)

Position (i.e. Trustee, Lay Leader, Staff)