

ATA-CHARLOTTE BOARD MEMBER AGREEMENT

I understand that as a member of the Board of Directors of ATA-CLT, I have a legal, moral, and fiduciary responsibility to ensure that the Organization does the best work possible in pursuit of its goals. I believe in the purpose and the mission of the Organization, and I will act responsibly and prudently as its steward.

My duties and responsibilities as a Board member include:

- I will represent the Organization, and interpret the Organization's work and values to the community. I will act as an ambassador in support of ATA-CLT's goals to attract new volunteers, directors, and donors to the Organization.
- I will engage in long-term planning for ATA-CLT and I will help shape the vision and work of the Organization.
- I will attend all Board meetings and key events. I understand that two unexcused absences in a year constitute an automatic resignation. I will inform the President beforehand if I will not be able to attend a meeting or event.
- I will make a personal financial contribution to the Organization at a level that is meaningful to me.
- I will act in the best interest of the Organization, and excuse myself from discussions and votes when I have a conflict of interest.
- I will stay informed about what is going on in the Organization. I will ask questions and request information. I will participate in and take responsibility for making decisions on issues, policies, finances and other Board matters.
- I will participate in the Organization by serving on at least one committee.

In turn, the Organization will be responsible to me in several ways:

- I will be sent, without request, monthly financial reports and an update of Organizational activity that allow me to meet the legal requirements of being a Board member.
- I will be provided with an initial orientation to help me perform my duties and keep me informed about relevant issues.

Print Name: _____

Signature: _____

Date: _____

ATA-CHARLOTTE CONFLICT OF INTEREST CERTIFICATION AND DISCLOSURE FORM

Certification

By signing this form below, I certify that:

1. I have received a copy of the Organization's conflict-of-interest policy;
2. I have read and understand the policy;
3. I agree to comply with the policy; and
4. I understand that the Organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities that accomplish one or more of its exempt purposes and not engage in activities and transactions that provide impermissible benefits to individuals or entities.

Conflict-of-Interest Disclosure

Please certify below that you either have no actual or possible conflict of interest to report, or describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to an actual or possible conflict of interest between the Organization and your personal interests, financial or otherwise:

_____ I have no conflict of interest to report.

_____ I have the following actual or possible conflict(s) of interest to report.

A. Please specify below any actual transactions you are aware of between the Organization and any entity or person with which you have a business, investment, or family relationship. (Please attach a supplemental statement if you have additional actual or possible conflicts of interest to disclose.)

B. For the purposes of determining possible future conflicts of interest, please also specify other nonprofit and for-profit boards on which you and/or your spouse sit, any for profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own.

1. _____

2. _____

3. _____

(Please attach a supplemental statement if you have additional actual or possible conflicts of interest to disclose.)

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Print Name: _____

Signature: _____ Date: _____

ATA-CHARLOTTE CONFIDENTIALITY AGREEMENT

By signing this form below, I certify that:

1. I have received a copy of the Organization's confidentiality policy;
2. I have read and understand the policy;
3. I agree to comply with the policy; and
4. I understand that I may not disclose, divulge, or make accessible members' Personal Information to any person, including relatives, friends and business and professional associates, other than to persons who have a legitimate need for such information and to whom the Board has authorized disclosure. I shall use such information solely for the purpose of performing services as a director/officer/committee member for ATA-CLT.

When discussing or transmitting personal information, I will follow these guidelines:

- Do not reveal any personal information unless the Board approves it;
- Be sure that personal information is properly marked and secured before transmittal;
- Ensure that the recipient has a legitimate need to know the personal information;
- Avoid displaying personal information where it can be easily observed;
- Immediately inform the Board of the loss of any personal information;
- Limit reproduction and distribution of such information; and
- Properly dispose of all personal information.

I agree to uphold this policy as an officer/director/committee member of ATA-CLT.

Print Name: _____

Signature: _____ Date: _____