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## **VOLUNTEER AGREEMENT**

**Congratulations on your Board/Division/Committee/Task Force/Caucus/Other Volunteer Position with ACNM. Please read and authorize the required forms and return to ACNM within one week of receipt.**

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

**List your Volunteer Positions and Terms (if known) here:** (i.e. Member, Awards Committee 2018-2019; Chair, Ultrasound Education Task Force - no term limit; Member, Midwifery Business Network Caucus - no term limit; Treasurer, Board of Directors 2018-2020)

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**As a volunteer, I understand that I can expected to be supportive of the purposes of the College as set forth in the ACNM Articles of Incorporation and to act in compliance with the ACNM Bylaws, Rules, and Requirements. For your convenience, certain major policies are summarized below. The full ACNM policies are found in full text at the link below.**

### **CONFLICT OF INTEREST POLICY (summary)**

The purpose of the conflict of interest policy is to protect ACNM's interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of a Volunteer of ACNM or might result in a possible excess benefit transaction. The policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations. (Link to full policy.)

### **CONFLICT OF INTEREST DISCLOSURE FORM (summary)**

**Financial Interests:** A conflict may exist where an interested party, or a relative or business associate of an interested party, directly or indirectly benefits or profits because of a decision made or transaction entered by the organization. **Other Interests:** A conflict may also exist where an interested party, or a relative or business associate of an interested party, obtains a non-financial benefit or advantage that they would not have obtained absent his/her relationship with the organization, or where his/her duty or responsibility owed to the organization conflicts with a duty or responsibility owed to some other organization. Complete the Conflict of Interest Disclosure Form indicating any actual or potential conflicts of interest. If you answer "yes" to any of the questions, provide a written description of the details of the specific action or transaction.

### **CONFIDENTIALITY POLICY**

As a volunteer or employee of ACNM (staff member, director, officer, or other), I understand that I may receive confidential information from time to time on present or proposed policies, programs, ideas, initiatives, activities, or transactions of ACNM. I agree to maintain the confidentiality of such information and **I agree not to engage in unauthorized use or disclosure of the confidential information**, as such disclosure could jeopardize the success of the endeavor or harm the organization.

### **COPYRIGHT AND INTELLECTUAL PROPERTY POLICY (summary)**

By accepting a volunteer role with ACNM, I agree that ACNM will own all inventions that are made on company time or with company assets, that relate to ACNM's business or that are required to meet its obligations. I will also assist ACNM in perfecting and protecting its title to these inventions.

### **ANTI-DISCRIMINATION AND HARASSMENT POLICY (summary)**

As an ACNM volunteer, I will strive to maintain a professional environment and professional interactions where people are treated with dignity, decency, and respect – an environment characterized by mutual trust and the absence of intimidation, oppression, and exploitation to ensure respectful, professional, and productive interactions during ACNM proceedings.

**CONSENT TO SERVE AND MEET VOLUNTEER OBLIGATIONS**

I confirm my willingness to serve as a Volunteer of ACNM. I understand I am responsible to carry out the following as applicable to my volunteer role:

1. Carry out the work of the Board/Division/Committee/Task Force/Caucus/or Other Assigned Group by convening a meeting at least once a year, maintaining an adequate number of members, and participating in meetings.
2. Maintain minutes and member lists in accordance with archival guidelines.
3. Submit timely agenda items, quarterly and annual reports to the BOD, and requested articles.
4. Remain in contact with leadership, the BOD liaison and/or the Vice President when addressing charges from the BOD and when preparing agenda items for the BOD.
5. Coordinate activities with the appropriate staff at the national office.
6. Submit budget requests on time and adhere to the budget as approved by the Board.
7. Adhere to the ACNM financial reimbursement guidelines.
8. Orient the incoming leadership and members.
9. Adhere to the policy for purchasing of ACNM publications.
10. Adhere to the policy for registration for ACNM sponsored meetings.
11. Demonstrate knowledge of and support for ACNM positions and programs when serving as a representative of the organization.
12. Represent the views of the group represented (when applicable) during ACNM meetings and to vote in a manner that reflects conscience and the collective good of the organization.
13. Disclose any potential conflict of interests prior to participating in ACNM meeting discussions and actions.
14. Offer to resign if unable to fulfill obligations of the volunteer role.

**As an ACNM Volunteer, I have read and I agree to the terms of the Conflict of Interest Policy, Conflict of Interest Disclosure Form, Confidentiality Policy, Consent to Serve and Meet Volunteer Obligations, Copyright and Intellectual Property Policy, Anti-Discrimination and Harassment Policy, and ACNM Governance Policies as found on <http://midwife.org/ACNM-Governance-Policies>. I understand ACNM is a tax-exempt organization and to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes. I will comply with all ACNM Policies and all other local, state and federal laws governing tax-exempt organizations.**

Preferred Contact Phone: \_\_\_\_\_

Preferred Contact Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_