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CONFLICT/WHISTLEBLOWER FORM

ANNUAL QUESTIONNAIRE UNIT NAME _____

NAME: _____ Telephone: (_____) _____

PTA POSITION: _____

Occupation: _____

Name of Employer: _____

Employer's Address: _____

_____ City State Zip

- 1. I have read the California State PTA Conflict of Interest Policy (Section 2.3.2): Initial
- 2. I have read the California State PTA Whistleblower Policy (Section 2.3.10): Initial
- 3. I understand that as a board member, I have a responsibility to review the tax return: Initial
- 4. Are you currently being compensated by the PTA for services rendered to the organization (whether as a part-time or full-time employee, independent contractor, consultant or otherwise) within the previous 12 months? Yes No
- 5. Do you anticipate the receipt of compensation from the PTA for the rendering of services as described in question 1 above during the upcoming 12 months? Yes No
- 6. If any person bearing any of the following relationships to you is currently being compensated by the PTA for services rendered to it as described in question 1 above within the previous 12 months, please list his or her name in the following space and indicate the person's relationship to you by using the relationships designated below (if no such person is being compensated, please print the word "none" in the first space): Yes No
Relationships: brother, sister, ancestor, descendent, spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law
Name _____ Relationship _____
- 7. If any person bearing any relationship to you as described in question 3 above anticipates the receipt from the PTA for the rendering of services to it as described in question 1 above within the next 12 months, please list his or her name in the following space and indicate this person's relationship to you (if no such person anticipates receipt of such compensation, please print the word "none" in the first space).
Name _____ Relationship _____
- 8. Are you a director, an officer, an employee or an owner in any business or entity which has done business within the previous 12 months with the California State PTA, or currently is, or is contemplating doing business with the corporation? Yes No
If yes, please explain type of business, type(s) of transaction(s), relationship:

Date: _____, 20____

Signature _____

Type or print name _____