

**AMERICAN LEGION AUXILIARY DEPARTMENT OF
ARIZONA CONVENTION JUNE 26-29, 2025
RESOLUTION**

SUBMITTED BY: Rose Ficklin and Debra Munchbach

SUBJECT: Confidentiality and Conflict-of-Interest Policies

DATE: June 18, 2025

Resolution No. 7

(Assigned by Resolutions Committee)

WHEREAS, The Department of Arizona has always complied with the National Confidentiality and Conflict-of-Interest Policies, having Officers, Executive Committee Members, Program Chairmen and Committee Members, Volunteers, and Staff sign agreements on an annual basis; and WHEREAS, These policies needs to be officially added to the Department Policies and Procedures Manual; now therefore be it
RESOLVED, To add the attached policies and forms to the Department Policies and Procedures Manual immediately following the "Forward".

Routing: _____

Submitted by: Name and Signature _____

Submitted by: Name and Signature _____

Submitted by: Name and Signature _____

_____ Approved _____ Rejected _____ Revised _____

_____ Approved _____ Rejected _____ Revised _____

_____ Approved _____ Rejected _____ Revised _____

Convention Action: Approved _____ Rejected _____ Date _____

American Legion Auxiliary
DEPARTMENT OF ARIZONA POLICY
Confidentiality

Policy Statement

It is the policy of the American Legion Auxiliary Department of Arizona to maintain the confidentiality of sensitive information and to take reasonable steps to protect and secure confidential information that is pertinent to the governance and management of the organization in order to foster a culture for good decision making and to protect the organization from harm.

Policy

In the course of their duties, department volunteers and department staff will have access to information that, if disclosed, could harm the organization, its business relationships, or an individual.

Officers, Executive Committee members, program chairmen and committee members, volunteers, and staff with the American Legion Auxiliary Department of Arizona shall maintain the confidentiality of any information concerning legal, sensitive business, and personnel matters. Officers, Executive Committee members, program chairmen and committee members, volunteers, and staff shall not disclose information about donors and donations without express permission, nor disclose information concerning personnel, sensitive business matters, and legal matters that may directly or inadvertently become known to the officers, Executive Committee members, program chairmen and committee members, volunteers, and staff.

Department volunteers and staff shall exercise good judgment and care at all times to avoid unauthorized or improper disclosures of confidential information. Department officers, Executive Committee members, program chairmen and committee members, volunteers and staff shall be required to sign the confidentiality compliance statement. This policy is not intended to prevent disclosure when disclosure is required by law or a court of law.



American Legion Auxiliary

In the Spirit of Service Not Self for Veterans, God and Country

CONFIDENTIALITY AGREEMENT

It is the policy of the American Legion Auxiliary to maintain the confidentiality of sensitive information and to take reasonable steps to protect and secure confidential information that is pertinent to the business and services of the organization.

Department Officers, Executive Committee members, program chairmen and committee members, volunteers and staff members with the American Legion Auxiliary Department of Arizona shall maintain the confidentiality of any information concerning legal, sensitive business, and personnel matters. Department officers, Executive Committee members, program chairmen and committee members, volunteers and staff members shall not disclose information about donors and donations without express permission, or information concerning personnel, sensitive business and legal matters that may directly or inadvertently become known to the Department officers, Executive Committee members, program chairmen and committee members, volunteers and staff.

As a Department Officer, Executive Committee member, program chairman or committee member, volunteer or staff member, I recognize that certain written and verbal information provided to me in my capacity as an Auxiliary leader is intended only for my confidential use in my official capacity as an Auxiliary leader and is not to be disclosed, copied, distributed, made available, or communicated to others. I will exercise caution and care in the handling of documents and material that have been provided and entrusted to me.

I recognize and understand my responsibility for protecting confidentiality and agree to abide by this policy at all times.

(Signature)

(Date)

(Name Printed)

American Legion Auxiliary
DEPARTMENT OF ARIZONA POLICY
Conflict of Interest

Policy Statement

It is the policy of the American Legion Auxiliary Department of Arizona (ALA), a public benefit 501 (c)(19) not-for-profit Veterans Service Organization, National Headquarters, Indianapolis, Indiana, and Department Headquarters, Phoenix, Arizona, to protect the American Legion Auxiliary's interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of Department Officers, Executive Committee members, program chairmen and committee members, volunteers and staff members, or that might result in a possible excess benefit transaction. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

Policy Definitions

Interested Person: An interested person is any Department Officer, Executive Committee member, program chairman or committee member, volunteer or staff member who has a direct or indirect financial interest, as defined below.

Financial Interest: A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:

- a. an ownership or investment interest in any entity with which the ALA has a transaction or arrangement,
- b. a compensation arrangement with the ALA or with any entity or individual with which the ALA has a transaction or arrangement, or
- c. a potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the ALA is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial. A financial interest is not necessarily a conflict of interest. Under the American Legion Auxiliary Department of Arizona Conflict of Interest Procedures, a person with a financial interest may have a conflict of interest only if the Executive Committee so determines.

Policies

1. Records of Proceedings

The minutes of the Executive Committee shall contain:

- a. The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the committee's decision as to whether a conflict of interest in fact exists.
- b. The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

2. Compensation

A voting member of the Executive Committee who receives compensation, directly or indirectly, from the ALA for services is precluded from voting on matters pertaining to that member's compensation.

A voting member of any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the ALA for services is precluded from voting on matters pertaining to that member's compensation.

No voting member of the Executive committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the ALA, either individually or collectively, is prohibited from providing information to any committee regarding compensation.

3. Annual Statements

Each Department Officer, Executive Committee member, program chairman or committee member, volunteer or staff member shall annually sign a statement which affirms such person:

- a. Has received a copy of the conflicts of interest policy,
- b. Has read and understood the policy,
- c. Has agreed to comply with the policy, and
- d. Has understood that the ALA is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

4. Periodic Reviews

To ensure the ALA operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

- a. Whether compensation arrangements and benefits are reasonable, based on competent survey information, and the result of arm's length bargaining.
- b. Whether partnerships, joint ventures, and arrangements with management organizations conform to the ALA's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes and do not result in inurement, impermissible private benefit or in an excess benefit transaction.

5. Use of External Expertise

When conducting the periodic reviews as provided for in Section 4, the ALA may consult or engage persons or businesses with professional expertise. Use of external expertise does not relieve the Executive Committee of its responsibility for ensuring said periodic reviews are conducted.



**AMERICAN LEGION AUXILIARY DEPARTMENT OF ARIZONA
CONFLICT OF INTEREST COMPLIANCE STATEMENT**

It is the policy of the American Legion Auxiliary that no Department Officer, Executive Committee member, program chairman or committee member, volunteer or staff member shall gain financially from any decision or matter brought before the organization.

It is the policy of the American Legion Auxiliary that all Department Officers, Executive Committee members, program chairmen or committee members, volunteers or staff members shall disclose and avoid any conflict of interest pertaining to any decision or matter brought before the organization in which a member of his or her immediate family has an interest, financial or otherwise.

It is the policy of the American Legion Auxiliary that no Department Officer, Executive Committee member, program chairman or committee member, volunteer or staff member shall utilize his or her position with the American Legion Auxiliary to disclose donor or financial information or any decision or matter brought before the organization which causes another civic, charitable, or not-for-profit organization to which the member, officer or staff member has an employment or leadership relationship to gain financially.

No Department Officer, Executive Committee member, program chairman or committee member, volunteer or staff member may participate in any discussion of any matter before the organization when such matter would result in a conflict of interest or financial gain or loss to the Department Officer, Executive Committee member, program chairman or committee member, volunteer or staff member; to a member of his or her immediate family; or to another civic, charitable, or not-for-profit organization to which the member, officer or staff member has an employment or leadership relationship. Such matters would include, but not be limited to, contracts to furnish goods and services, lease or purchase agreements of real or personal property, solicitation of donations, or such like matters which would result in conflict of interest or a financial gain or loss.

Upon learning that a matter before the organization would create a conflict of interest, the member must make a full disclosure of his or her interest in such matter to the Executive Committee, and the member shall not further participate in any discussion of or decision on such matter. The failure of a member to make a disclosure as described in this policy may result in the voidance of such agreement, contract, lease or matter at the discretion of the Executive Committee, and may result in removal action for the member.

For purposes of this policy, the term "immediate family" shall mean the spouse, child(ren), grandchild(ren), and the brothers, sisters, parents, grandparents, nieces or nephews of a member, or the spouses of any immediate family member.

I have read and understand this Conflict of Interest Policy Statement and will comply with each point as stated herein. I will complete the Conflict of Interest Disclosure Form as appropriate.

(Signature)

(Date)

(Name Printed)

(Auxiliary Department)

AMERICAN LEGION AUXILIARY

CONFLICT OF INTEREST DISCLOSURE FORM

(To be completed when applicable by Department Officers, Executive Committee members, program chairmen or committee members, volunteers or staff members)

1. Do you or any family members receive compensation from or have a material financial interest in any entity that furnishes goods or services to the American Legion Auxiliary Department of Arizona? *(Example: Do you or a family member work for a company that sells a product that you know has been or may be purchased by the American Legion Auxiliary Department of Arizona or the Girls State Foundation?)*

YES_____ NO_____

If you answered “yes,” please complete the following:

Company/organization with which you or family members are involved:

Company Name:_____

Company Address: _____

Nature of Business: _____

Type(s) of product(s) or service(s): _____

Your job title or affiliation with this company: _____

What was the value of the product or service provided over the past year? \$_____

2. To the best of your knowledge, are there any other relationships or circumstances that would result in a conflict of interest in your relationship with the American Legion Auxiliary Department of Arizona ?

YES_____ NO_____

If you answered “yes,” please explain: _____

I agree that if I become aware of any information that might indicate that this disclosure is inaccurate, I will notify the American Legion Auxiliary Department of Arizona immediately.

Printed Name:_____ Position Held:_____

Signature:_____ Date:_____