PISHE WHEN HER SHITLEN HE	U.S. Fish and Wildlife Service DISCLOSURE Serving as a Board Member/Officer on a Non-Federal Organization in a Personal Capacity				
INSTRUCTIONS:					
society or committee) in		n-Federal organization (e.g, a professional e this form and give it to your supervisor. You			
A. Employee Informat					
1. Last Name, First Na	me, MI:				
2. Telephone:	3.	FAX:			
4. E-mail address:					
5. Position / Title:					
6. Office Name and Address:					
7. Job duties (attach position description or additional information, if needed):					
	the non-Federal organization	(PLEASE PRINT)			
8. Name of the board/committee/organization:					
9. Address:		10. Telephone:			
11. Salary or compensation: (if unpaid, indicate "None")					
12. Start date:		13. Expected end date (if applicable):			
14. Briefly describe the organization and your role in it: (Attach additional information if necessary)					
C. ALL questions below must be answered with a Yes or No.					
<b>15.</b> I understand that I may not take official actions involving particular Service matters in Yes No which I (or any organization in which I am an officer, director, or board member) have a financial interest, if the particular matter has a direct and predictable effect on that interest.					

<b>16.</b> I understand that I must be impartial in performing my official Service duties.				
<b>17</b> . I understand that I may not use my public office for the private gain of myself, friends, or organizations with which I have an employment or business relationship.				
<b>18.</b> I will not permit the use of my Government title, position, or authority to imply Government sanction or endorsement of the non-Federal organization's opinions, policies, or activities.				
<b>19</b> . I understand that I may not engage in outside activities that conflict with my official duties, and in some cases, I must obtain approval prior to undertaking such outside activities.				
<b>20</b> . I understand that I may not use Government resources (including equipment, property, and personnel) or official time to conduct outside activities in my personal capacity.				
<b>21</b> . I understand that I may not use nonpublic information, nor allow its improper use, to further my own private interest or those of another.				
<b>22</b> . If there is a significant change in the nature or extent of my participation with the non-Federal organization, I will submit a revised disclosure form.				
<b>23.</b> I understand that I may not personally solicit funds or other support from subordinates or prohibited sources. *				
<b>24.</b> I understand that if I file financial disclosure reports (SF 278 and OGE Form 450), I must disclose this outside position on that report.				
Signature of Employee: Date:				
The following approvals are necessary only if the organization is a prohibited source.				
Signature of Supervisor:	Date:			
Signature of Ethics Counselor	Date:			

You only need to complete this disclosure report again if your role substantially changes or if there is a gap in your service to the non-Federal organization. For example, if you are re-elected to a position in a professional society without a gap in service, you do not need to complete this form again.

<sup>\*</sup> *Prohibited source* generally includes any outside entity or individual who: (1) is seeking official action by the Service or the Department; (2) does business or seeks to do business with the Service/Department; (3) conducts activities regulated by the Service/Department; or (4) has interests that may be substantially affected by the performance or nonperformance of the employee's official duties.