

MEMBER AGREEMENT FOR 96094 COLLABORATIVE

1. Mission and Purpose

The 96094 Collaborative is a collaboration of non-profit organizations, survivors, local, and state governments, national and faith-based organizations, that work together to share information and resources that can help address the needs of individuals and families affected by the Mill Fire.

The stated mission of the group, known as the 96094 Collaborative is to unite our communities to honor our past, grieve our tragedy, and build an inclusive future for all Mill Fire Survivors.

2. Personal and Professional Integrity

All members shall act with honesty, personal and professional integrity and openness in all their dealings as representatives of the 96094 Collaborative.

3. Actions Prohibited by the Code of Conduct

All members agree to the following standards of conduct when delivering services to impacted residents and in all other 96094 Collaborative activities and ***shall NOT engage in the following actions:***

- **Personal Use.** Authorize the use of or use for the benefit or advantage of any person, the name, emblem, endorsement, services or property of the 96094 Collaborative except in conformance with 96094 Collaborative business.
- **Financial Advantage.** Accept or seek on behalf of or any other person, any financial advantage or gain as a result of your affiliation or role with the 96094 Collaborative.
- **Confidentiality.** Disclose any confidential 96094 Collaborative information, including other member contact information, that is available as a result of the member's affiliation with the 96094 Collaborative to any person not authorized to receive such information, or use to the disadvantage of the 96094 Collaborative any such confidential information, without the express authorization of the 96094 Collaborative Executive Committee.
- **Improper Influence.** Knowingly take any action or make any statement intended to influence the conduct of the 96094 Collaborative or any cases managed by the 96094 Collaborative in such a way as to confer any financial benefit on any person, corporation or entity in which the individual has a significant interest or affiliation.
- **Conflict of Interest.** Operate or act in a manner that creates a conflict or appears to create a conflict with the interests of the 96094 Collaborative and any organization in which the individual or family member has a personal, business or financial interest. In the event there is a conflict, the 96094 Collaborative has a structured conflict of interest process. First, the individual shall disclose such conflict of interest to the Chair of the 96094 Collaborative Executive

Committee. Next, a decision will be made about the conflict of interest by the 96094 Collaborative Executive Committee, and, where required, the individual may be required to recuse or absent himself or herself during deliberations, decisions in connection with the matter.

- **Contrary to the Best Interest of the 96094 Collaborative.** Operate or act in any manner that is contrary to the best interest of the 96094 Collaborative.

4. Responsible Stewardship

I certify that I have read and understand the member agreement and code of conduct of the 96094 Collaborative and agree to comply with it, as well as applicable laws at all times. I affirm that neither me nor a family member have personal, business or financial interest that conflicts, or appears to conflict, with the best interests of the 96094 Collaborative.

At any time during the term of my affiliation with the 96094 Collaborative should an actual or potential conflict of interest arise between my personal, business or financial interests and the interests of the 96094 Collaborative, I agree to: (1) disclose promptly the actual or potential conflict to the Chair of the 96094 Collaborative Executive Committee; and (2) until the 96094 Collaborative Executive Committee approves actions to mitigate or otherwise resolve the conflict, refrain from participating in any discussions, deliberations, decisions related to the conflict of interest.

Organization: _____

Name: _____

Email: _____ Phone: _____

Signature: _____

Date: _____