



Islamic Foundation North – Acknowledgement 1-1-2022 Version 1.0

I (Name of the Individual) _____,
on (Date) _____, designation _____ hereby
acknowledge that I have read and understood all the policies of the Islamic Foundation North
listed below (version as dated), and hereby agree to abide by these policies. I further
acknowledge that my cooperation is voluntary, but that my refusal will result in disciplinary
action at IFN management's discretion.

Policies:

- Statement of Confidentiality - Version 1.0
- Alcohol and Drug Free Policy - Version 0.0
- Elections Policy - Version 0.0
- Ethics Committee of IFN - Version 0.0
- Sexual Harassment and Misconduct Policy - Version 0.0
- Conflict of Interest Questionnaire - Version 0.0 (Please complete the questionnaire attached)

Signature _____ Date _____

Print Name _____

Conflict of Interest Questionnaire

1-1-2021 Version 0.0

The following questionnaire must be completed yearly by all members and volunteers of IFN Masjid. Answers to the questionnaire should relate to relationship that occurred between the interested parties. Once you have completed the questionnaire, please sign and date in the space provided at the bottom of the form and returned it to the committee.

Chairman of the Committee

Name

Phone

Email

1. Are you a board member or member of the EC that conducts business or has a relationship with IFN masjid? Yes_____ No_____
If yes, please define_____
2. Have you ever served on the board of a business in which IFN masjid invests?
If yes, please define_____
3. Do you have a family relationship with anyone who has a noted business relationship with IFN?
Family connections include an individual's spouse, parent, child, grandparent, and sibling.
If yes, please define_____
4. Have you participated directly or indirectly in any compensation relationship or any other?
arrangement /investment opportunity with a third-party vendor doing business with the IFN that has resulted or could result in personal benefit to you?
If yes, please define_____

5. Have you received directly or indirectly gifts or any kind of free service or discounts from any organization engaged in any transaction with the IFN?

If yes, please define_____

6. Do you share ownership of a business that does business with IFN?

If yes, please define_____

Signature_____Date_____

Print Name_____