

**ACKNOWLEDGEMENT OF RESPONSIBILITIES
BY ADVISORY COMMITTEE MEMBER OF
THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA**

I hereby acknowledge my following responsibilities as a member of an advisory committee established by The School Board of Broward County, Florida ["SBBC"]:

1. **DUTIES OF PUBLIC OFFICERS:** As an advisory committee member, I am a public officer who must comply with the applicable provisions of Florida's Code of Ethics for Public Officers and Employees - Chapter 112, Florida Statutes. I agree to conduct myself in accordance with the highest ethical principles in the course of participating as an advisory committee member. I further agree to act at all times, in the best interests of SBBC and to avoid prohibited conflicts of interests. I acknowledge and understand that I may not corruptly use or attempt to use my official position or any property or resource which may be within my trust, or perform my official duties to secure a special privilege, benefit, or exemption for myself or others.
2. **SOLICITATION OR ACCEPTANCE OF GIFTS:** As an advisory committee member, I may not solicit or accept anything of value, including a gift, loan, reward, promise of future employment, favor or service based upon any understanding that any vote, official action or judgment made by me as an advisory committee member would be influenced by said gift, loan, reward, promise of future employment, favor or service. I further acknowledge that no compensation, payment or thing of value shall be accepted at any time by me or by my spouse or minor child when I know, or with the exercise of reasonable care, should know, that it was given to influence my vote or other action in which I was expected to participate in my official capacity as an advisory committee member.
3. **DISCLOSURE OF CONFIDENTIAL INFORMATION:** I acknowledge that any information [except for information relating exclusively to governmental practices] that was gained by reason of my official position as an advisory committee member and that is not available to members of the general public may not be disclosed or used for my personal gain or benefit or for the personal gain or benefit of any other person or business entity.
4. **CONTRACTUAL / BUSINESS RELATIONSHIPS:** I acknowledge that, as an advisory committee member, I may not have or hold any employment or contractual relationship with any business entity or any agency which is subject to the regulation of, or is doing business with, an agency of which I am an officer or employee. I further acknowledge that, as an advisory committee member, I shall not have or hold any employment or contractual relationship that will create a continuing or frequently recurring conflict between my private interests and the performance of my public duties or that would impede the full and faithful discharge of my public duties.

5. VOTING REQUIREMENTS & VOTING CONFLICTS: I acknowledge that when present at a meeting of my advisory committee, I may not abstain from voting and that a vote shall be recorded for me upon each proposition appearing before my advisory committee unless I have a voting conflict under the Code of Ethics for Public Officers and Employees (Chapter 112, Florida Statutes). I understand that a voting conflict would exist if I were to vote in an official capacity upon any measure which would inure to my special private gain or loss; which I know would inure to the special private gain or loss of any principal by whom I am retained or to the parent organization or subsidiary of a corporate principal by which I am retained, or which I know would inure to the special private gain or loss of my relative or business associate. In the event of a voting conflict, I understand that I must publicly state to the advisory committee the nature of my interest in the matter from which I am abstaining from voting and shall file a Memorandum of Voting Conflict (Form 8B) with the person responsible for recording the minutes of my advisory committee within 15 days after the vote occurs. I understand that I may contact the Florida Commission of Ethics and request a formal or informal opinion, whichever is more appropriate, if I have a question regarding a potential conflict of interest.

6. ADVISORY COMMITTEE MEMBER REQUIREMENTS: I acknowledge that I have read, understand and agree to the foregoing requirements as well as those contained in School Board Policy 1.7 and those summarized in the handbook on *Training for Members of District Appointed Committees, Councils, and Task Forces*. I acknowledge that a failure to satisfy these requirements may result in my removal from the advisory committee and such other penalties as are applicable by law.

Date

Signature

Printed Name

Name of Advisory Committee

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