

# Infectious Diseases Society of America Volunteer Service Agreement

**Instructions:** Please read, complete, sign, and date this volunteer service agreement.

## **IDSA Volunteer Service Agreement**

As a volunteer of the infectious Diseases Society of America, I am fully committed and dedicated to the Society's mission, which is to improve the health of individuals, communities and society by promoting excellence in patient care, education, research, public health, and prevention relating to infectious diseases. I pledge to carry out this mission. I understand that my duties and responsibilities include the following:

1. I will adhere to the charge and work plan of the committee, subcommittee, task force or other entity to which I am assigned. I will prepare for and participate in meetings and I will respond in a timely manner to communication from Society staff.
2. I will protect the confidentiality of the Society's propriety and privileged information, including its intellectual property, business plans, personnel information and member lists. I will report ethical misconduct to the appropriate individuals.
3. I recognize that my professional stature carries weight with others. I will make statements on the Society's behalf only if I have been authorized to do so.
4. I have a personal responsibility to update my Conflict of Interest Disclosure Form at least annually, and whenever material changes require.
5. I agree to participate in any training and education sessions that the Society provides for volunteer members.
6. I recognize that Society volunteer assignments are limited and highly valued. If circumstances prevent me from contributing as expected, I will discuss my stepping aside with the Chair.

*To complete the form digitally, please type in your full name in the signature field.  
To complete the form manually, please print the form and sign your name in the signature field.*

**Signature**

**Date**

**Print Full Name**

## Infectious Diseases Society of America Conflict of Interest Disclosure Form

**Instructions:** Please read, complete, sign, and date this conflict of interest disclosure.

### IDSA Conflict of Interest Policy

All volunteer members participating in Society activities and the professional staff should act in the best interest of IDSA. Decisions always should be based solely on the best interest of the Society, its membership, and the public. Decisions should not be influenced by personal financial interest or by other extraneous considerations. Any potential conflict of interest should be disclosed. A potential conflict of interest exists if a person has a financial or other beneficial interest that might bias his or her decisions or actions related to Society activities.

**However, in the interest of full disclosure, any relationship with a pharmaceutical, biotechnology, medical device, or health related company or venture should be disclosed.**

Each volunteer member has a high duty and obligation to disclose any potential conflict of interest and to abstain from any decision where a significant conflict of interest exists. The conflict of interest disclosure forms for each group (Board of Directors, committees, task forces, and work groups) will be reviewed by the group's chair and will be made available to the other members of the group. It is the responsibility of each group to determine what, if any, limitations on activities with regard to the individual member's conflict are required. All disclosure filings will be reviewed by the Conflict of Interest (COI) Ethics Committee.

Acknowledgment of this policy and disclosure filing will be done by each volunteer member and senior staff annually and kept on file in the IDSA headquarters office. In between annual filings, it is the responsibility of each individual to disclose in writing any new potential conflicts of interest.

#### 1. PRIMARY EMPLOYMENT (and other salaried positions): If self-employed, but formally paid through a corporation or other entity, indicate "self-employed" under Employer.

Employer	Position

#### 2. FINANCIAL RELATIONSHIPS/INCOME

Company/ Organization Name	Check all that apply
<b>For Interests ≤ \$10,000</b>	
	<input type="checkbox"/> Advisory/Consultant Role <input type="checkbox"/> Expert Testimony <input type="checkbox"/> Honoraria <input type="checkbox"/> Ownership Interests <input type="checkbox"/> Stocks/Bonds <input type="checkbox"/> Patent, copyright, license (describe): <input style="width: 450px;" type="text"/> <input type="checkbox"/> Other Remuneration (describe): <input style="width: 450px;" type="text"/>
	<input type="checkbox"/> Advisory/Consultant Role <input type="checkbox"/> Expert Testimony <input type="checkbox"/> Honoraria <input type="checkbox"/> Ownership Interests <input type="checkbox"/> Stocks/Bonds <input type="checkbox"/> Patent, copyright, license (describe): <input style="width: 450px;" type="text"/> <input type="checkbox"/> Other Remuneration (describe): <input style="width: 450px;" type="text"/>
	<input type="checkbox"/> Advisory/Consultant Role <input type="checkbox"/> Expert Testimony <input type="checkbox"/> Honoraria <input type="checkbox"/> Ownership Interests <input type="checkbox"/> Stocks/Bonds <input type="checkbox"/> Patent, copyright, license (describe): <input style="width: 450px;" type="text"/> <input type="checkbox"/> Other Remuneration (describe): <input style="width: 450px;" type="text"/>
	<input type="checkbox"/> Advisory/Consultant Role <input type="checkbox"/> Expert Testimony <input type="checkbox"/> Honoraria <input type="checkbox"/> Ownership Interests <input type="checkbox"/> Stocks/Bonds <input type="checkbox"/> Patent, copyright, license (describe): <input style="width: 450px;" type="text"/> <input type="checkbox"/> Other Remuneration (describe): <input style="width: 450px;" type="text"/>

For Interests \$10,001 to \$25,000	
	<input type="checkbox"/> Advisory/Consultant Role <input type="checkbox"/> Expert Testimony <input type="checkbox"/> Honoraria <input type="checkbox"/> Ownership Interests <input type="checkbox"/> Stocks/Bonds <input type="checkbox"/> Patent, copyright, license (describe): <input type="text"/> <input type="checkbox"/> Other Remuneration (describe): <input type="text"/>
	<input type="checkbox"/> Advisory/Consultant Role <input type="checkbox"/> Expert Testimony <input type="checkbox"/> Honoraria <input type="checkbox"/> Ownership Interests <input type="checkbox"/> Stocks/Bonds <input type="checkbox"/> Patent, copyright, license (describe): <input type="text"/> <input type="checkbox"/> Other Remuneration (describe): <input type="text"/>
	<input type="checkbox"/> Advisory/Consultant Role <input type="checkbox"/> Expert Testimony <input type="checkbox"/> Honoraria <input type="checkbox"/> Ownership Interests <input type="checkbox"/> Stocks/Bonds <input type="checkbox"/> Patent, copyright, license (describe): <input type="text"/> <input type="checkbox"/> Other Remuneration (describe): <input type="text"/>
	<input type="checkbox"/> Advisory/Consultant Role <input type="checkbox"/> Expert Testimony <input type="checkbox"/> Honoraria <input type="checkbox"/> Ownership Interests <input type="checkbox"/> Stocks/Bonds <input type="checkbox"/> Patent, copyright, license (describe): <input type="text"/> <input type="checkbox"/> Other Remuneration (describe): <input type="text"/>

For Interests > \$25,000	
	<input type="checkbox"/> Advisory/Consultant Role <input type="checkbox"/> Expert Testimony <input type="checkbox"/> Honoraria <input type="checkbox"/> Ownership Interests <input type="checkbox"/> Stocks/Bonds <input type="checkbox"/> Patent, copyright, license (describe): <input type="text"/> <input type="checkbox"/> Other Remuneration (describe): <input type="text"/>
	<input type="checkbox"/> Advisory/Consultant Role <input type="checkbox"/> Expert Testimony <input type="checkbox"/> Honoraria <input type="checkbox"/> Ownership Interests <input type="checkbox"/> Stocks/Bonds <input type="checkbox"/> Patent, copyright, license (describe): <input type="text"/> <input type="checkbox"/> Other Remuneration (describe): <input type="text"/>
	<input type="checkbox"/> Advisory/Consultant Role <input type="checkbox"/> Expert Testimony <input type="checkbox"/> Honoraria <input type="checkbox"/> Ownership Interests <input type="checkbox"/> Stocks/Bonds <input type="checkbox"/> Patent, copyright, license (describe): <input type="text"/> <input type="checkbox"/> Other Remuneration (describe): <input type="text"/>

**3. RESEARCH GRANTS/CONTRACTS** If you are currently listed or have in the past 24 months been listed as PI or other investigator (including clinical studies) please indicate the following:

Funding Agency	Institution/Group/Title of Study
<input type="text"/>	<input type="text"/>

**4. ORGANIZATIONAL BENEFIT** Are there any monies obtained or assigned by a university, department, institution, foundation, private enterprise group, or any other entity as a result of your activities (e.g., unrestricted educational grants)?

Sponsor	Institution	Activity	Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> <\$10,000 <input type="radio"/> \$10,001 - \$25,000 <input type="radio"/> >\$25,000
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> <\$10,000 <input type="radio"/> \$10,001 - \$25,000 <input type="radio"/> >\$25,000
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> <\$10,000 <input type="radio"/> \$10,001 - \$25,000 <input type="radio"/> >\$25,000

**5. ACTIVITIES WITH OTHER ORGANIZATIONS:** Do you currently serve in any official capacity, including any decision making capacity or national or state leadership, with any other professional societies, voluntary health organizations, editorial boards, federal or state agencies, internet companies, or other entities that currently engage in activities that could be considered competitive to IDSA's interests or activities in areas such as education, advocacy, fundraising, etc.?

Organization	Position

**6. FAMILY OR OTHER RELATIONS** In accordance with IDSA's disclosure policies, relevant financial or other relationships of members of your immediate family should also be disclosed. This includes but is not limited to spouse/domestic partner, parents, siblings, and children. To the best of your knowledge, please list any significant relationships or activities where members of your family may be involved as they relate to Society activities.

Relation (Spouse, child, etc.)	Activity	Value
		<input type="radio"/> <\$10,000 <input type="radio"/> \$10,001 -\$25,000 <input type="radio"/> >\$25,000
		<input type="radio"/> <\$10,000 <input type="radio"/> \$10,001 -\$25,000 <input type="radio"/> >\$25,000
		<input type="radio"/> <\$10,000 <input type="radio"/> \$10,001 -\$25,000 <input type="radio"/> >\$25,000

**I HAVE NO INTERESTS TO DISCLOSE**

**I certify that I have read IDSA's Conflict-of-Interest Policy and have disclosed all declarable relationships as defined therein, if any.**

*To complete the form digitally, please type in your full name in the signature field.  
To complete the form manually, please print the form and sign your name in the signature field.*

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Print Full Name**

**Deliberate failure to comply with this disclosure requirement may result in a disqualification from this and future participation in IDSA-sponsored activities.**