



**VOLUNTEER SERVICE AGREEMENT
2021-2022**

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 communications from Society staff.
2. I will not disclose any confidential information related to any Society activity or program other than that generally authorized for dissemination or approved by the Society, specifically including, but not limited to, the content of past or present reports, confidential attorney communications, technical developments and information, financial information, educational material, contracts, personnel information, corporate strategy or planning material, internal communications, trade secrets, and patented, trademarked, or copyrighted material.
3. I hereby assign to the Society all right, title, and interest in and to any information, product, property, technology, or material developed, conceived, modified, or created by me relating to Society programs and activities, technological developments, and policy documents, including any and all copyright, trademarks, and patents.
4. 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.
5. I have a personal responsibility to update my Conflict-of-Interest Disclosure Form at least annually, and whenever material changes require.
6. I agree to participate in any training and education sessions that the Society provides for volunteer members.
7. 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.

Printed: _____
Volunteer Name

Signature: _____ Date: _____

Return this form via email to volunteer@idsociety.org

Infectious Diseases Society of America Conflict of Interest Disclosure Form

Instructions: Please read, complete, sign, and date this form, **disclosing** all financial interests or relationships with ineligible companies over the past 24 months. An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. If you have **no financial interests or relationships to disclose**, please check the box on **page 2** and sign and date the form. **Return this form via email to volunteer@idsociety.org.**

All committee members 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 (a financial interest or relationship with an ineligible company) should be disclosed. A potential conflict of interest exists if a committee member has a financial or other beneficial interest that might bias his or her decisions or actions concerning matters before the committee.

Each committee member has a high duty and obligation to disclose any potential conflict of interest and to abstain from any decision where a conflict of interest exists. The disclosure filings will also be reviewed by the committee chair and the COI Ethics Committee, if necessary, to determine appropriate mitigation of conflicts.

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

Please consider your activities and financial relationships/investments *currently and for the preceding 24 months* when responding. Attach additional pages if necessary.

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
	<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="checkbox"/> Other Remuneration (describe):
	<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="checkbox"/> Other Remuneration (describe):
	<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="checkbox"/> Other Remuneration (describe):
	<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="checkbox"/> Other Remuneration (describe):
	<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="checkbox"/> Other Remuneration (describe):
	<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="checkbox"/> Other Remuneration (describe):
	<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="checkbox"/> Other Remuneration (describe):
	<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="checkbox"/> Other Remuneration (describe):
	<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="checkbox"/> Other Remuneration (describe):
	<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="checkbox"/> Other Remuneration (describe):

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:

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Funding Agency	Institution/Group/Title of Study

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="checkbox"/> None; <input type="checkbox"/> <\$10,000; <input type="checkbox"/> \$10,001–\$25,000; <input type="checkbox"/> \$25,000–\$100,000 <input type="checkbox"/> >\$100,000
			<input type="checkbox"/> None; <input type="checkbox"/> <\$10,000; <input type="checkbox"/> \$10,001–\$25,000; <input type="checkbox"/> \$25,000–\$100,000 <input type="checkbox"/> >\$100,000
			<input type="checkbox"/> None; <input type="checkbox"/> <\$10,000; <input type="checkbox"/> \$10,001–\$25,000; <input type="checkbox"/> \$25,000–\$100,000 <input type="checkbox"/> >\$100,000

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, 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 RELATIONS – In accordance with IDSA’s disclosure policies, relevant financial or other relationships of your spouse should also be disclosed.

Relation (Spouse, child, etc.)	Activity	Value
		<input type="checkbox"/> < \$5,000; <input type="checkbox"/> \$5,001 - \$10,000; <input type="checkbox"/> \$10,001 to \$25,000 <input type="checkbox"/> > \$25,000
		<input type="checkbox"/> < \$5,000; <input type="checkbox"/> \$5,001 - \$10,000; <input type="checkbox"/> \$10,001 to \$25,000 <input type="checkbox"/> > \$25,000
		<input type="checkbox"/> < \$5,000; <input type="checkbox"/> \$5,001 - \$10,000; <input type="checkbox"/> \$10,001 to \$25,000 <input type="checkbox"/> > \$25,000

I HAVE NO FINANCIAL INTERESTS OR RELATIONSHIPS TO DISCLOSE WITH INELIBIBLE COMPANIES.

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

Signature

Date

Print Last Name

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