Exhibit: Conflict of Interest Statement Form

FAMILY VISIONS INCORPORATED
Conflict of Interest Statement/Form

Full Name: _____

I acknowledge that I have received a copy of and I have read and understand the Family Visions Inc. Conflict of Interest Policy.

I understand that such adherence is a condition of my employment or volunteer work. I understand that a violation of the policy may be grounds for discipline/dismissal as a Family Visions Board Member, a Staff/Employee and/or Volunteer and including removal from the Family Visions Inc. Board as per the Family Visions Inc. Bylaws.

At this time of signing, I hereby declare the following real or potential conflict of interest(s):

1. I have a personal relationship or a family connection to an employee, and/or supported individual and/or board member of Family Visions Inc.,

   Name: _____ Relationship: _____

   Name: _____ Relationship: _____

2. I have or am involved in a business that offers supplies or services to Family Visions Inc. Please list:
   _____
   _____

3. I am currently involved in the following: Please list all indicate or "none."
   a) Employment:
      _____
      _____

   b) Partnerships or controlling interest in the following businesses or other commercial activities.
      _____
      _____

   c) Directorships:
      _____
      _____
      _____

Upon signing this statement, I have declared any current real or potential conflicts of interest at this time. I understand I am to declare any possible future real or potential conflicts of interest in the future if any arise. I will abide by the policies and procedures.

_____ _____

Signature Date Signed

_____ _____

Witness Signature Date Signed

NOTE: This Conflict of Interest Statement is to be signed each year by all FVI Board Members at the first meeting following the Annual General Meeting and by all Family Visions Staff and Volunteers at the start of each new Family Visions fiscal year.