

**WASHINGTON ASSOCIATION of MEDICAL STAFF SERVICES**  
**VOLUNTEER LEADER AGREEMENT**

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**WASHINGTON ASSOCIATION of MEDICAL STAFF SERVICES  
VOLUNTEER LEADER AGREEMENT**

When serving as a Volunteer Leader, I acknowledge that I have a fiduciary duty to act in the best interest of WAMSS. That means that I must put the interests of WAMSS above my own personal interests when serving in this role.

In order to be eligible to be nominated, elected, or appointed, I agree to the **Essential Requirements of Serving as a Volunteer Leader**, as set forth in this Agreement:

- (i) Confidentiality of Sensitive Information;
- (ii) Conflicts of Interest (Disclosure and Management);
- (iii) Competition Against WAMSS' Programs, Products, or Mission, or Other Inappropriate Personal Gain; and
- (iv) Consequences of Violating Agreement.

**I. CONFIDENTIALITY OF SENSITIVE INFORMATION**

*I agree to maintain the **Confidential Work Product** of WAMSS in **strict confidence**. I will not discuss or disclose this information to any individual who is not also an appropriate WAMSS Volunteer Leader without the express permission of the WAMSS' Board or its Executive Committee.*

**Rationale and Specifics**

Certain information that I will obtain as a Volunteer Leader is very sensitive and proprietary to WAMSS. It is considered to be **Confidential Work Product** and is defined, in detail, in **Appendix A** to this Agreement.

As a Volunteer Leader, I owe fiduciary duties of care and loyalty to WAMSS. Therefore, I agree that I will not disseminate or discuss any Confidential Work Product to any unauthorized individual because that could harm the WAMSS organization and the interests of its members.

Beyond the specific guidance provided in **Appendix A**, I will exercise self-discipline, prudence, and common sense in determining what information constitutes Confidential Work Product and therefore should be kept confidential. If I ever have any uncertainty in this regard, I will discuss the matter with another Volunteer Leader or a WAMSS Official prior to disclosing the information to any third party.

Unless an exception is granted by the WAMSS' Board or its Executive Committee, I acknowledge that Confidential Work Product will **only** be discussed with/disclosed to other appropriate Volunteer Leaders who have a legitimate need to know the information (i.e., as dictated by the circumstances, this means (i) members of the Board of Directors, (ii) members of Committees, and/or (iii) WAMSS administrative team who facilitate WAMSS activities).

***Volunteer Leader's Initials:***   SR

## II. CONFLICTS OF INTEREST (DISCLOSURE AND MANAGEMENT)

*I agree that I will fully disclose all potential Conflicts of Interest and strictly follow the rules of recusal and non-participation outlined in this Agreement.*

### Rationale and Specifics

The integrity of the activities conducted by WAMSS and its Volunteer Leaders is highly dependent on avoiding any actual or perceived conflicts of interest. Yet, WAMSS acknowledges that Volunteer Leaders have significant, varied, and legitimate business, professional, and personal relationships.

Therefore, WAMSS has established a process to address actual or perceived conflicts in a responsible and professional manner. The provisions of this Agreement are designed to support a liberal disclosure of any financial or other interests that might be construed as creating a conflict; however, they are not intended to presume any impropriety.

Potential conflicts of interest are not in and of themselves problematic unless they are not disclosed. Disclosure gives the WAMSS President or the applicable Chair the opportunity to evaluate the potential conflict and take steps, if needed, to avoid any appearance of impropriety. This protects both WAMSS and the individual Volunteer Leader. Volunteer Leaders should err on the side of disclosure and/or consultation with another Volunteer Leader or WAMSS Official, at any point in time, if there is any question or uncertainty regarding the possibility of conflicts of interest.

As such, I agree to fully disclose any actual or potential conflict as required by this Agreement and by the standard of good faith expected of Volunteer Leaders. I will complete, fully and accurately, the Conflict of Interest Disclosure Statement that is attached as **Appendix B**. This form must be completed annually; however, I understand that I am also expected to **disclose any actual/potential conflicts in real time throughout my term**, especially should my relationships change.

### Rules for Recusal in COI Situations

The following rules for recusal will be used in any situation where a conflict of interest is disclosed or otherwise identified:

- (i) When determining whether recusal or limited participation is required, the WAMSS Executive shall consider whether the Conflicted Leader's presence would inhibit the full and fair discussion of the issue before the Board or would skew the recommendation or determination of the group.
- (ii) When it is determined that recusal is necessary, the Conflicted Leader must leave the meeting room prior to the group's final deliberation and determination but may answer questions and provide input before leaving the meeting.

- (iii) The conflict will be disclosed to the group and the Conflicted Leader's recusal shall be documented in minutes.
- (iv) Whenever possible, the conflict of interest and the recusal determination should be raised and discussed with the Conflicted Leader prior to the meeting by the WAMSS President and/or WAMSS Executive Committee.

***Volunteer Leader's Initials:***   SR

**III. COMPETITION AGAINST WAMSS' PROGRAMS, PRODUCTS, OR MISSION, OR OTHER INAPPROPRIATE PERSONAL GAIN**

*I agree to act with undivided loyalty in my service as a Volunteer Leader. I will not engage in any activity that competes against the best interests of WAMSS or results in inappropriate personal gain, without the express permission of the WAMSS' Board or its Executive Committee.*

**Rationale and Specifics**

Volunteer Leaders may not use their relationship with WAMSS or any Confidential Work Product for their own personal or professional gain. Any such personal gain or benefit that I may receive while serving as a Volunteer Leader must be purely incidental to my service and must be approved by WAMSS. Accordingly, unless a specific exception is made by the WAMSS' Board or its Executive Committee (with the justification documented), I agree to the following:

- I may not be a consultant or vendor (jointly defined as those who regularly distribute, supply, or sell products or services to other Active WAMSS members or their employers that directly compete with WAMSS' products and services) and serve as a voting member of the Board, a committee, or certification commission.
- I will not develop or participate in educational initiatives that are based on Confidential Work Product, both during my term of service and for a period of two years thereafter.
- I may not simultaneously serve as a President or President-elect of State Associations or NAMSS.
- I am not eligible for any compensation for any services rendered to or on behalf of WAMSS during my term of office. This means that I will not receive any compensation for working on a WAMSS initiative or developing a WAMSS product, attending any meeting on behalf of WAMSS, or speaking with any State Associations or any external entities on behalf of WAMSS or any of its activities. I am permitted, however, to be reimbursed for any reasonable personal expenses that I incur during these WAMSS activities.
- I agree that in all of my professional communications (including any contributions to listserves or blogs), I will take great care to avoid any impression that my remarks represent the views of WAMSS rather than my own personal views.

***Volunteer Leader's Initials: SR***

#### IV. CONSEQUENCES OF VIOLATING AGREEMENT

*I acknowledge that the WAMSS Board has the duty to investigate potential breaches of this Agreement and to take appropriate action in the best interest of WAMSS to remedy any confirmed breach. I further agree that I have the obligation of self-reporting any potential breach on my part as soon as I have identified the concern.*

##### **Rationale and Specifics**

In the sole discretion of the Board, it may investigate any alleged breach itself as a full Board, refer the matter to an appointed subcommittee of the Board or to a task force. If the Board refers the matter to a subcommittee, task force, each of these groups shall report its findings back to the Board for its consideration and action.

The WAMSS Board will not reach a final determination on an alleged breach without first informing the Volunteer Leader of the concern and permitting the Leader the opportunity to share his/her perspective and any other information or documentation that the Leader believes is relevant or necessary for the Board's consideration. The Volunteer Leader will be provided at least one week/seven calendar days to provide a response.

Following its investigation, the Board has the sole and full discretion to determine if the Leader has breached this Agreement. If the Board reaches that conclusion, the Leader acknowledges that the WAMSS Board has the authority to take appropriate action(s), either permanently or for a defined period of time per WAMSS Bylaws, which include but are not limited to any or all of the following:

- (i) collegial intervention and counseling regarding the breach;
- (ii) verbal or written warning or reprimand;
- (iii) termination of an appointed/elected Volunteer Leader position;
- (iv) determination that the Leader is ineligible to participate as a presenter and/or an attendee at the WAMSS Annual Conference and/or other WAMSS educational sessions;
- (v) determination that the Leader may not obtain WAMSS accreditation for any current and/or future educational activities/product/service which he/she develops or participates in (including, but not limited to, State Association Annual Conferences, and other education seminars, webinars, or audio conferences that are marketed to WAMSS members); and/or
- (vi) termination of WAMSS membership.

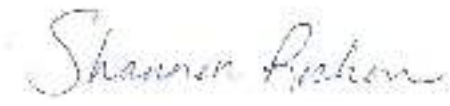
***Volunteer Leader's Initials:***   SR

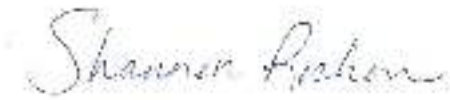
**V. VOLUNTEER LEADER'S CERTIFICATION AND AGREEMENT\***

*I certify that as a nominated, elected, or appointed WAMSS Leader, I have read and fully understand all of the provisions of this Agreement. I agree to all of these provisions and intend to be legally bound by them.*

Volunteer Leader Name: Shannon Rochon

Position: Bylaws Chair

Signature:  Date: 6/9/2025

Signature:  Date: 6/9/2025  
Bylaws Chair

\* *A copy of this Agreement will be maintained by the WAMSS state secretary and a copy will be provided to me for my reference if requested.*

**WASHINGTON ASSOCIATION of MEDICAL STAFF SERVICES  
VOLUNTEER LEADER AGREEMENT**

**APPENDIX A**

**DEFINITIONS**

The following definitions are utilized in this Agreement:

**“Confidential Work Product”** means any ideas, discussions, documents, curricula, marketing information, statistical reports, or other written materials that are developed by (or on behalf of) WAMSS regarding the following matters:

- Strategic plans;
- Product research and development;
- Financial information/arrangements;
- Contracts for the provision of services (vendor selection, terms, expirations);
- Risk management/litigation issues;
- Market and competitor analyses;
- Analyses/recommendations/negotiations regarding potential affiliations, mergers, acquisitions, and disposition of major assets;
- Human resource issues involving Executive Staff;
- Findings and adverse actions taken pursuant to this Agreement or other WAMSS policies (i.e., Ethics Committee); and
- Any other information specifically deemed to be Confidential Work Product by the WAMSS Board, the President, Executive Director, or Executive Staff.

**“Conflict of Interest”** means any personal interest of a Volunteer Leader that may conflict with the best interests of WAMSS as an Association. These personal interests may relate to employment, consultation or speaking engagements, ownership interests in a product or company related to WAMSS activities, or a leadership position in another organization. The existence of a Conflict of Interest is determined at the sole discretion of WAMSS.

**“Fiduciary Duty”** means that a Volunteer Leader owes a duty of care and a duty of loyalty to WAMSS. The duty of care means that the Leader must act in good faith and exercise good judgment when functioning as a WAMSS Leader. The duty of loyalty means that the Leader must at all times perform his/her responsibilities for the sole benefit and interest of the WAMSS Association.

**“Volunteer Leader”** means the members of the Board of Directors, Committee Chairs and Members, and Task Force Chairs. (Task Force Members are not included in this definition of Volunteer Leader.)

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**APPENDIX B**

**CONFLICT OF INTEREST DISCLOSURE STATEMENT**

Volunteer Leader Name Shannon Rochon \_\_\_\_\_

Position Bylaws Chair \_\_\_\_\_ Term 2024-2026 \_\_\_\_\_

Please complete the following information and/or select the appropriate statements.

**Employment:** List all individuals/entities with whom you are employed.

\_\_\_\_\_  
Molina Healthcare  
\_\_\_\_\_

**Consultant and Research/Development Activities:** List all individuals or entities for which you currently provide consulting services or R&D activities or have done so within the past two years, whether paid or uncompensated. None  \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Ownership Interests:** List all ownership interests you have in a publicly-traded company (valued at greater than \$1,000) or in another commercial entity that may reasonably be anticipated to create a conflict of interest with the mission/purpose of WAMSS. None  \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Leadership Roles:** List all entities (e.g., associations, societies, foundations) for which you serve in a leadership role (e.g., Board member, Advisor, Fund Raiser), which may reasonably be anticipated to create a conflict of interest with the mission/purpose of WAMSS. None  \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

There are no circumstances of which I am aware that create an actual or potential conflict of interest for WAMSS.

Based upon the information provided above, I believe that I have, or may have, a relationship relevant to the medical staff profession which may create an actual or potential conflict of interest with WAMSS. \*A WAMSS Official will contact you to discuss/clarify the possible conflict.

Signature:   
References: ADHA COI; ASAE Resources; AMA COI

Date: 6/9/2025