

**ADHA Rules of Conduct  
Appointed and Elected Volunteers**

As a member and volunteer of the American Dental Hygienists' Association, I agree to support and am bound by the following principles to assure effective and ethical decision-making:

1. I will be deliberate in my responsibility to ADHA by preparing for all meetings and decision-making (e.g. by studying all materials in advance). I will consider the need for and request any additional information in advance of meetings.
2. I will base my decisions on all available facts in each situation, taking into consideration the views of my fellow members.
3. I will make decisions in the best interest of ADHA as a whole, and will strive to keep personal bias or the views of special interests at a minimum.
4. I will accept, implement and support all decisions of the Council/Committee/Task Force or Board of Trustees, even those that I did not initially support or those that were made in my absence.
5. I will work to provide an environment conducive to comprehensive analysis of issues, and assessment of benefits and risks of action or inaction, in an open dialogue between members of the Council/Committee/Task Force, Board Advisor, Executive Director, and staff.
6. I will not speak or act for ADHA or the Council/Committee/Task Force unless specifically authorized to do so. I will not present opinions about ADHA business unless those opinions have been approved in advance by the Board of Trustees and/or the Council/Committee/Task Force, or unless those opinions are clearly expressed as personal opinions and not necessarily the views of ADHA.
7. I will not discuss matters deemed confidential by the Council/Committee/Task Force or the Board, outside of Board /Council//Committee/Task Force meetings, without the express permission of the President.
8. I will abide by ADHA's policies on conflicts of interest and will strive to avoid even the appearance of such conflicts.

I hereby acknowledge that I have received a copy of the ADHA Rules of Conduct for members serving as volunteers of the ADHA. I understand that it describes the general rules by which I will conduct myself as a volunteer of the ADHA and that I am responsible for familiarizing myself with the statements it contains.

**Signature Required**

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_