## INSTRUCTIONS TO CANDIDATES

March 1, 2021

Dear Nominee,

Congratulations on your decision to run for an elected U.S. Masters Swimming (USMS) Officer/Director position. In this packet, you will find all the information you need to get through the nomination process. A copy of the USMS Election Operating Guidelines (“EOG”) has been included to inform you how the process works from the time nominations open until the election at the U.S. Masters Swimming Annual House of Delegates Meeting. If you have any difficulty complying with the requirements of this packet, notify the Election Chair. Please note that the relevant submission dates can be found in the EOG schedule.

The nomination period occurs in the year when the election is held and applies to all elected USMS officers in odd years (president, vice president of administration, vice president of community services, vice president of local operations, vice president of programs, secretary and treasurer) and all At-Large Directors in even years (Breadbasket, Colonies, Great Lakes, Northwest, Oceana, South Central, Southeast, and Southwest). To complete your nomination, fill out the Candidate Questionnaire/Consent-to-Run form with appropriate attachments and return them by email to the Chair of the Election Committee. Please review the qualification criteria in the EOG before submitting your nomination.

If you do not go through this nomination process, you may still be nominated through the floor nomination process. There will be floor nominations during an early meeting in the House of Delegates for all positions. Immediately after your floor nomination, you must submit the Candidate Questionnaire/Consent-to-Run form with appropriate attachments to the Chair of the Election Committee. Your documents will be stripped of all addresses and personal information including signatures before being distributed electronically to Delegates to allow time for review prior to the election. Your packet must be in the hands of the Elections Chair within one hour of the close of the floor nomination.

Thank you for considering running for a USMS Officer/Director position. The nomination process and enclosed guidelines are intended to make the election process fair and consistent for all candidates. If you have any questions, please don't hesitate to contact me.

Erin Sullivan   
Chair of the Election Committee  
[Elections@usmastersswimming.org](mailto:Elections@usmastersswimming.org)

## CANDIDATE QUESTIONNAIRE/CONSENT-TO-RUN FORM

**All nominees must complete the entire questionnaire.** You may use as much space as you choose in answering your questions. Candidates should return this form **by email** with your other attachments to the Chair of the Election Committee (Erin Sullivan [Elections@usmastersswimming.org](mailto:Elections@usmastersswimming.org)), by **April 30, 2021**. Candidates nominated from the floor must return this form with attachments immediately after nomination.

1. Section One: Consent-to-Run

Name: <Insert name here>

LMSC: <Insert LMSC here>

Consent-to-Run: I <insert name here>, am running for (**check one**):

Officer Positions Director Positions

\_\_\_\_\_ President \_\_\_\_\_BOD member from Breadbasket Zone

\_\_\_\_\_ Vice President of Administration \_\_\_\_\_BOD member from Colonies Zone

\_\_\_\_\_Vice President of Community Services \_\_\_\_\_BOD member from Great Lakes Zone

\_\_\_\_\_Vice President of Local Operations \_\_\_\_\_BOD member from Northwest Zone

\_\_\_\_\_Vice President of Programs \_\_\_\_\_BOD member from Oceana Zone

\_\_\_\_\_Secretary \_\_\_\_\_BOD member from South Central Zone

\_\_\_\_\_Treasurer \_\_\_\_\_BOD member from Southeast Zone

\_\_\_\_\_BOD member from Southwest Zone

1. Section Two: Candidate Qualifications

***I am a member in good standing of USMS in this election year: \_\_\_\_\_Yes \_\_\_\_\_ No***

***I am planning to attend the HOD Meeting for this election year: \_\_\_\_\_Yes \_\_\_\_\_ No***

***I am planning to attend all HOD Meetings during my tenure in office: \_\_\_\_\_Yes \_\_\_\_\_ No***

***I have attended 1 or more HOD Meetings in the past five years? \_\_\_\_\_Yes \_\_\_\_\_No***

***Please list the USMS National HOD Meetings you have attended, including the dates of attendance:***

<insert answer here>

1. Section Three: Questions

***Why are you interested in this position and why do you believe you would be a good candidate?***

<Insert answer here>

***What do you consider to be the major issues facing USMS now and in the future? As a person holding an elected position within USMS, how would you address these issues?***

<Insert answer here>

***Please list USMS committees on which you have served. Include the dates you were on the committees and the names of the committee chairs under whom you served:***

<insert answer here>

***Please list any other experience that relates to your qualifications for the position.***

<Insert answer here>

***Please list any other information you would like included.***

<Insert answer here>

***Please write a short summary statement that will be posted on the display board with your photograph at the HOD Meeting***

<Insert answer here>

Attestation: I hereby attest to the best of my knowledge all information submitted is true. I realize that failure to answer truthfully may disqualify me as a candidate.

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

1. Section Four: Attachments
2. **All** candidates must submit the following attachment:
   1. A **photograph in jpg format**. For slated candidates, this must be in digital format and will be published on the USMS web site and in the HOD Packet. All documentation other than pictures should be in Word format.
   2. **Attestation:** It is preferred that you submit your attestation using a PDF insertion into Word; however, you may convert your Word document to PDF as well. Any manually signed attestations can also be mailed to the Elections Chair. Please do not submit the same document in different formats.
   3. A completed Conflict of Interest form (see attached.)
3. New candidates (i.e., those not running for re-election) must also submit the following attachments:
   1. A **Letter of Nomination** from any USMS member (for Officer candidates) or any Zone Member (for At-Large Director candidates). This should be a simple declarative nomination without elaboration unless the nominator is also writing a letter of reference (see point #2 below). The nomination statement shall be published in the HOD Packet.
   2. Two (2) one-page personal **Letters of Reference**. These letters may be from persons inside or outside of USMS. One of the Letters of Reference may be written by your nominator. In that case, include the nomination statement as the first sentence of the Letter of Reference. The Letters of Reference will be published in the HOD Packet. Please see the attached letter template.

**U.S. MASTERS SWIMMING  
CONFLICT OF INTEREST POLICY&QUESTIONNAIRE**

U.S. Masters Swimming Inc. (USMS), requires each Board member, Committees of the Board and staff members to annually:   
1) review USMS's [Conflict of Interest Policy](http://wikimediafoundation.org/wiki/Conflict_of_interest_policy) (the “Policy”);  
2) disclose any possible personal, familial, or business relationship that reasonably could give rise to a conflict of interest or the appearance of a conflict of interest as described in the Policy.

**CONFLICT OF INTEREST POLICY**

The standard of behavior for USMS is that all staff, volunteers, officers and board members shall maintain the highest level of integrity and ethical behavior and scrupulously avoid conflicts of interest between the interests of USMS on one hand, and personal, professional, and business interests on the other. This includes avoiding potential and actual conflicts of interest, as well as perceptions of conflicts of interest.

I understand that the purposes of this policy are to protect the integrity of USMS's decision-making process, to enable our members to have confidence in our integrity, and to protect the integrity and reputations of volunteers, staff, officers and board members. Before engaging in discussions and decision making on behalf of USMS, I will make a full, written disclosure of interests, relationships, and holdings that could potentially result in a conflict of interest. This written disclosure, **signed annually**, will be kept on file with the secretary and I will update it as appropriate.

In the course of meetings or activities, I will disclose any interests in a transaction or decision where I (including my business or other nonprofit affiliations), my family and/or my significant other, employer, or close associates will receive a benefit or gain. After disclosure, I understand that I may be asked to recuse myself from voting or otherwise participating in the decision making. The decision-making body (BOD, HOD, EC, or other) in its sole discretion shall determine if any conflict or potential conflict of interest exists and the extent to which I shall be limited in my privilege to participate in discussion and voting.

All questions must be answered. None is an acceptable answer.

**CONFLICT OF INTEREST QUESTIONNAIRE**

The information provided on this form shall be available for inspection by members of the Board, the USMS auditors and Audit Committee, but shall otherwise be held in confidence except when, after consultation with the applicable member, the Board determines that USMS’s best interest would be served by disclosure.

Please respond to the following questions to the best of your knowledge.

1. Please list all corporations (including LMSCs and local swim programs) partnerships, associations, other non-profit or charitable organizations or any other organization of which you are an officer, director, trustee, partner, or employee, and describe your affiliation with such entity. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Please list any proposed business dealings between USMS and you, your family members, and/or entities. Describe each such relationship listed and the actual and potential financial benefits as you can best estimate them.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Are you aware of any other relationships, arrangements, transactions, or matters which could create a conflict of interest or the appearance of conflict? If so, please describe.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONFLICT OF INTEREST QUESTIONNAIRE (page 2)**

4. Please list all business dealings that you, your family members, and/or entities have had with USMS in the past two years.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I understand that this policy is meant to supplement good judgment, and I will respect its spirit as well as its wording. I have reviewed, and agree to abide by, the Conflict of Interest Policy of USMS that is currently in effect.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

USMS Member

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please Circle Or Mark All That Apply:***

Board of Directors

Candidates

Audit Committee

Compensation & Benefits Committee

Finance Committee

Governance Committee

Investment Committee

Policy Committee

Swimming Saves Lives Foundation Committee

Staff

**Template for Letter of**

Nomination \* \_\_\_\_\_\_\_

Recommendation\*\* \_\_\_\_\_\_\_

Both/Combo\*\*\* \_\_\_\_\_\_\_

From:

(You may disclose personal emails, addresses and phone numbers; however, only your name and position will be left on the publicized letter unless they are also used for a business.)

Date:

Subject Line: Optional

To: The Elections Committee

Contents of Letter: Please use the specific word nominate and either recommend, endorse, support or something similar for recommending a candidate.

Closing,

Your Name and Position

\*For officers, nominations must come from a USMS member. For At-Large Directors, nominations must come from a USMS member who resides in that specific zone.

\*\*For recommendation letters, anyone who has worked with the candidate from within or outside USMS may write the letter.

\*\*\*For combo letters, be sure to specifically meet the nomination criteria and then the nominator may add the recommendation to that letter. Also, if you use this type of letter, only submit one other reference letter.