

Panelist Affiliation Form and Statement of Commitment

Panelist Name : _____

Mailing Address: _____

Phone Day: _____ Evening: _____

Email: _____ Cell Phone: _____

As explained in the *Code of Ethics*, Paragraph III- Affiliation, I am associated with the following organizations who are eligible for FLAGS DECentralization support:

<u>Name of Organization</u>	<u>Position/Conflict</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If None, (Please Check)

I, the undersigned, agree to participate fully in panel activities for *Finger Lakes Arts Grants and Services, Inc.* I understand that I will be called upon to attend, audit and evaluate approximately 2-3 programs during the 2005 calendar year. In addition, I agree to subscribe to the Code of Ethics of the New York State Council on the Arts.

Signature Date

FLAGS Approved (with or without changes) by: Initials_____ Date_____
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