



# Georgia PTA Local Unit and Council Ethics and Code of Conduct Agreement

The personal conduct of the members of the local unit and council Boards of Directors and Committees directly affects the image of the Georgia PTA. Therefore, each member shall:

- Please recognize that the chief function of the Georgia PTA and its constituent organizations is to serve the best interest of children and youth.
- Exhibit and abide by the Vision, Mission and Purpose of the PTA in all programs, meetings, activities, and the conduct of business on behalf of the PTA.
- Be knowledgeable of and comply with the bylaws, policies, procedures, and programs of Georgia PTA.
- Abide by and support all positions and decisions of the Board of Directors publicly.
- Exercise discretion, sensitivity, and sound judgment in discussing PTA matters, protecting all privileged or confidential information.
- Interpret "volunteer" means that I have agreed to work without compensation in money, but I expect to do my work according to standards by being accepted as a volunteer worker.
- Prioritize organizational goals by personal goals at all times.
- Promise to take to work an attitude of open-mindedness; to be willing to be trained for it and bring to its interest and attention.
- Not participate with a company where I, as a board member or others on the board, will profit personally or someone in their immediate family.
- Conduct all organizational and operational duties with professional competence, fairness, impartiality, honesty, efficiency, and effectiveness while demonstrating the highest standards of personal integrity.
- Exemplify responsiveness and open communication in fulfilling the duties and responsibilities as assigned.
- Avoid promotion of or profit from any activity in conflict with the mission and policies of PTA.
- Exhibit nonpartisan conduct while serving within the PTA governance structure.
- Exhibit respect, understanding, and professionalism.

By signing this Agreement, I hereby certify that I have read and understood the above information.

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

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Local PTA/Council Name

\_\_\_\_\_  
PTA #

\_\_\_\_\_  
County

\_\_\_\_\_  
District

\*After signing, give form to Local PTA/Council Secretary, who shall maintain archives. A copy will be provided.