

Vice President

Code of Conduct

The Vice President shall ensure that organizational practice, decision, or activity:

- a) Is ethical, legal, or prudent;
- b) Is directed towards the Mission, Vision, Values Statements of the Manitoba Association of Health Care Professionals (MAHCP) as defined by the Executive Council in its written policies;
- c) Would not cause significant embarrassment or loss of reputation to MAHCP; and,
- d) Maintains confidentiality in all MAHCP matters.

Key Responsibilities

- Adheres to the position description of Executive Council members;
- Co-chairs Oversight Committee;
- Is a member of the Finance Committee;
- Is a member of the Strike Readiness Committee (SRC) during Central Table Bargaining (if on the Bargaining Committee, will still sit on SRC);
- Remain informed as to the activities and affairs of the Association and report to the Executive Council and membership at General Meetings on those matters;
- Ensures policies and procedures are implemented, followed, and reviewed at least every two (2) years;
- Ensures the MAHCP Constitution is upheld and reviewed by the Constitution & Policy Committee annually;
- Communicates with membership:
 - Responds to membership questions by phone, email, letter or other means.
- At the discretion of the President, the Vice President may be asked or assigned to represent MAHCP at various events and/or on committees;
- Article 606 - MAHCP Constitution:
 - a. "In the absence of the President, act in their capacity with all authority and responsibilities of that office;
 - b. Succeed the President upon failure by the President to complete their term of office;
 - c. Chair the Constitution & Policy Committee;
 - d. Serve as one of the four (4) authorized signing officers for all cheques issued by the Association;
 - e. As chair of the Constitution & Policy Committee, appoint a chair for the Ad Hoc Nominating Committee;
 - f. Perform other duties and functions as the Executive Council may determine from time to time."

Vice President

Member's Name: _____
PLEASE PRINT.

Occupation: _____ **Site:** _____

Member's Signature: _____ **Date:** _____

Signature: _____ **Date:** _____
Witness - MAHCP Executive Council