



MAKE A DIFFERENCE FOUNDATION, INC.
Membership/Volunteer Application

Thank you for your interest in becoming a member/volunteer of Make A Difference Foundation, Inc. by graciously committing your time, talents, and gifts. Please return this application c/o Membership, Post Office Box 1941, Suwanee, Georgia 30024-0875. Please print legibly. Thank you.

Personal Information

Last: _____ First: _____ Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: () _____ Evening Phone: () _____

Cellular Phone: () _____

E-mail: _____ Date of Birth: _____ / _____ / _____

Sex: _____

Employment/Education Information

Present Employer: _____ Phone: () _____

Position/Title: _____ Length at Employment: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Education

___ High School ___ Master's ___ Some College
___ Bachelor's ___ Doctorate ___ Other: _____

Other Languages (Speak or Write): _____ Sign Languages: ___ Yes ___ No

Reason for Applying: ___ Membership ___ Volunteer

**Membership/Volunteer Application
Emergency Contact Information**

Primary Contact

Last: _____ First: _____ Initial: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: () _____ Evening Phone: () _____

Cellular Phone: () _____ E-mail: _____

Secondary Contact

Last: _____ First: _____ Initial: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: () _____ Evening Phone: () _____

Cellular Phone: () _____ E-mail: _____

Medical Background

Are you currently taking any physician prescribed medications? YES NO

Is so, please list:

Please list any allergies and any ongoing medical conditions: _____

Skills Information/Areas of Service

Please select all that apply

General Skills

- Accounting
- Advertising
- Budgeting
- Clerical – Typing _____ (*wpm*)
- Computer Technology
- Counseling
- Data Entry
- Event Planning
- Fundraising
- Grant Writing
- Human Resources
- Lawyer
- Network IT Serve
- Public Relations
- Marketing/Sales
- Social Worker
- Web Design
- Writer
- Other: _____

Teaching and Assisting

- Adult Education
- CPR/First Aid
- Deaf Education
- Elementary Education
- Foreign Language
- Preschool Education
- Secondary Education
- Sign Language Instructor
- Spanish
- Sport Coach
- Other: _____

Areas of Service Interested

- | | | |
|--|--|---|
| <input type="checkbox"/> Finance & Funding Committee | <input type="checkbox"/> PR/Advertising | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> Awareness & Relations Committee | <input type="checkbox"/> Chaplain | Other: _____ |
| <input type="checkbox"/> Programs & Planning Committee | <input type="checkbox"/> General Volunteer | |
| <input type="checkbox"/> Advisory Board | <input type="checkbox"/> Finance | |



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**MEMBER/VOLUNTEER
RELEASE FORM**

I, _____, accept sole responsibility for any injury that I may incur during the time in which I am working as a member/volunteer for *Make A Difference Foundation, Inc* (also referred to by **MADF**).

I further release *MADF* from any and all claims or cause of action arising from any accident or injury I may suffer during the time in which I am working, except that this release shall not operate to release *MADF* from any claims of action of which arise from any accident or injury which is due to the negligence of *MADF*.

Print Name

Date

Signature

Date

If volunteer is less than 18 years of age:

Signature of Parent/Guardian

Date



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MEMBER/VOLUNTEER
CONFIDENTIALITY FORM

I, _____, in consideration of my working /volunteering with *Make A Difference Foundation, Inc.* (also referred to by **MADF**), do hereby agree that any information I receive concerning *MADF* during the course of my working/volunteering whether printed, written, or oral, shall be held in confidence and not revealed either directly or indirectly, in whole or part; or oral, to any other person, firm, or organization and I agree not to use such confidential information for my personal advantage or that of any third party. Further, I understand and agree that *MADF* will have the right to discontinue my work/volunteer service, bring a restraining order or if necessary bring other legal action against me and obtain costs and attorney's fees, should I violate this confidentiality agreement.

Upon the termination of my work/volunteer service, I agree not to disclose either directly or indirectly, in whole or part, any information concerning *MADF*, which may have become known to me during the course of my working/volunteering.

Print Name

Date

Signature

Date

If volunteer is less than 18 years of age:

Signature of Parent/Guardian

Date

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PRIVACY POLICY

01/25/2010

Personal Contact Information We Collect

When you apply for membership or volunteer work, make a donation, contribute to our online guest book, subscribe to our online newsletter, or purchase a product from *Make A Difference Foundation Inc.* (also referred to by **MADF**), we collect such personal contact information as your name, mailing address, home and business phone number, and e-mail address. We use this personal contact information to provide you with information you've requested or resources you've requested such as, donation receipts, financial reports, to inquire about a donation you've made, perform a work history/criminal background check (only if applying for membership or volunteer work); and/or simply to contact you to clarify or verify any other information you may have provided to MADF.

Make A Difference Foundation Inc. does not have any special relationships with any Ad companies; therefore, we will not add your name or any other personal contact information to any mailing lists **without your prior knowledge and express permission**. In addition, your personal contact information is not shared with any person(s) or organizations outside of MADF.

Billing Information We Collect

Personal billing information we receive either online or by mail, such as your billing address and credit card number you may use when making a donation or purchasing a product is gathered and processed confidentially and on secure servers. Our agent, Pay Pal, which is bound by our privacy policies, hosts these online secure servers. Your billing information is not shared with any person(s) or organizations outside of MADF and your credit card number is not retained once your transaction has been authorized and processed.

If you feel this organization is not following its stated privacy policy, please contact us at the following mailing address, telephone number, and/or e-mail address.

Make A Difference Foundation, Inc.

c/o Foundation President
Post Office Box 1941
Suwanee, Georgia 30024-0875
Office: 770.339.0849
Toll Free: 1.888.700.5654
Facsimile: 770.339.9791

Or

info@madf.org

I have read and understand the following,

Signature

Date



City of Duluth Police Department

3578 West Lawrenceville Street
Duluth GA 30096

770-623-2771
FAX 770-814-3002

CONSENT FORM

I authorize the Duluth Police Department to obtain any Criminal History Record information pertaining to me, which may be in the files of any state or local criminal justice agency.

I release all persons, including government agencies from any liabilities or damages for having furnished such information in good faith. A telephonic facsimile or photographic copy of this authorization shall be as valid as the original.

Reason for criminal records check: _____ **Membership Application** _____

Company Name: _____ **Make A Difference Foundation, Inc.** _____

Photo ID

(Drivers license)

Full Name Printed

Street Address

City/State/Zip

Date of Birth

Social Security

Sex

Race

Signature

Date

.....
Results

See Attached Records

() No Record on File

SID # _____

Signature: Operator Performing Check

Date