



PRECIOUS TOUCH FOUNDATION INC.

P.O. Box 814, Bridgetown, Barbados. W.I.
Phone: (246) 423-7863, Mobile: (246) 230-3402
Email: precioustouch@hotmail.com

Corporate Tax No. 29818

MEMBERSHIP APPLICATION FORM

(Applicant must be a Volunteer of the Precious Touch Foundation Inc. for a period of at least six months, and be at least 18 years of age.)

ALL INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL

I hereby make application for Membership of the Precious Touch Foundation Inc.
By making this application I confirm that I have been a Volunteer of Precious Touch Foundation Inc for a period of at least six months.

Full Name:

Address:

Date of Birth:

Age:

Telephone No.: (Home)

(Work)

(Cell)

E-mail Address:

Occupation:

I HAVE REVIEWED THIS FORM AND ATTEST THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED IS TRUE.

...Making Precious Wishes Come True...



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CONFIDENTIAL ASSURANCE STATEMENT

As a Precious Touch Foundation Inc. Member, I have an obligation to the Foundation and the families it serves to comply with the highest standards of ethical conduct. I will not commit acts contrary to those standards, nor will I condone the commission of such acts by others within the Foundation. I understand that my responsibilities include the following:

1. I will at all times: (a) perform my duties in accordance with the Foundation's standards; (b) promote the Foundation's objectives and (c) represent the interests of all families served by the Foundation in a diligent and professional manner.
2. I will refrain from: (a) the involvement of any activities which may reflect poorly on the Foundation's business; and/or (b) engaging in or supporting any activity that would discredit the Foundation.
3. I will either avoid, or will promptly disclose any decisions involving, any activity or practice which conflicts with, or can be perceived as conflicting with the interest of the Foundation.
4. I will refrain from using the Foundations property or resources for personal profit or advantage, or for any purpose not related to the activities of the Foundation.
5. During my involvement with the Foundation and thereafter, I will maintain the confidentiality of any information regarding the Foundation, wish children and their families, donors and volunteers that has not been released as public information, unless legally obligated to do so.
6. I will refrain from using or appearing to use confidential information acquired in the course of my service for unethical or illegal advantage, either personally or through third parties.

I have read, understand and agree to be bound by the above information as outlined by Precious Touch Foundation Inc.

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MEMBERSHIP APPLICATION

FOR OFFICE USE:

Name of Applicant:

Date of Application:

Interviewed by:

Interviewed by:

Comments:

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Date: Signature.....

Date: Signature.....

Recommended for Membership: Yes: No: