



APPLICATION FOR MEMBERSHIP WITH FURAHA AFRICA RELIEF ASSOCIATION

1. Qualifications of Membership with Furaha Africa Relief Association (**per bylaws**)

- a. Each Member shall be an individual who is at least 18 years of age,
- b. Has not been found by a court in Canada or elsewhere to be mentally incompetent, does not have the status of being bankrupt
- c. Is in full agreement with the purposes of the Association, and is a Christ follower.
- d. 40% of the members must be an active member of a congregation associated with the Church of God (Anderson Indiana).
- e. For a person to become a member of the association requires a favourable vote be passed by a majority of the members at a regular meeting of the society. The first members of the Society shall be the persons who signed the application for the Society to become incorporated in Alberta.

2. VOLUNTEER NON-DISCLOSURE AGREEMENT

I. The Parties. This Volunteer Non-Disclosure Agreement, referred to as the “Agreement”, applies to _____, referred to as the “Volunteer”, associated with and/or involved in the activities or affairs of the Furaha Africa Relief Association with a mailing address of 14 Nordal Close, Wetaskiwin Alberta T9A 0P1, referred to as the “Association”.

II. Confidential Information. “Confidential Information” means all information, all data, materials, knowledge, and proprietary information generated through, originating from or having to do with the Association or persons associated with its activities, including contractors. Confidential Information is not permitted to be disclosed to any outside party. This includes, but is not limited to, documents, information, designs, printed matter, policies, procedures, conversations, messages (received or transmitted), resources, contacts, email lists, and e-mail messages, whether internally between staff or outside the Association. All confidential information is strictly confidential and the sole property of the Association,

III. Clients. The volunteer acknowledges and agrees that client information, including all file information, is not permitted to be disclosed to any third party under any circumstances without the written consent of the Association.

IV. Damages. Any disclosure, misuse, copying or transmitting of any confidential information whether intentional or unintentional, will subject the Volunteer to disciplinary action, prosecution, and/or monetary damages according to the procedures set by the Association and any applicable laws.

The signature of the Volunteer below acknowledges his/her agreement to the aforementioned terms.

Volunteer’s Signature _____ Date _____



Print Name _____

3. Submit the following application for membership to Furaha Africa Relief Association.

Name:

Address:

Phone:

Email:

Experience:

- work:

- volunteer:

Reason for applying for FARA membership:

Date of application:

4. Office review and approval.

Date of approval for membership:

Please email completed form to: fararelief@gmail.com