



Confidentiality Agreement

- ❖ I, _____ give permission to MSB to perform a CORI background check. I understand that this is for the safety of organization members, volunteers and children. _____
- ❖ I understand that any information provided to the organization is confidential and that my records will not be given or shared with anyone outside of the organization. Board of directors will be the only person(s) viewing my private information. _____
- ❖ I am aware that providing any false documents to MSB will result in immediate termination of any form of MSB assistance. _____
- ❖ I am giving MSB permission to share my story with individuals outside of the organization. Neither my name nor those of my family will be disclosed. The purpose of this is to assist in fundraising on behalf of MSB. _____
- ❖ I give MSB permission to take photographs of myself and family members. The purpose of this is to assist in the fundraising on behalf of MSB as well as MSB literature _____
- ❖ I give MSB permission to utilize my family members with any media opportunities (ex. Television, radio and newspaper) _____
- ❖ I understand that if I am not eligible to receive assistance from MSB I will receive a letter via US mail stating the reasons why within 2 weeks (14 days upon filling out the application) _____

Signature

Date

Witness Signature

Date

*For purposes of this document MSB represents Making Spirits Bright, Inc.