



Volunteer Application Form

Thank you for your interest in volunteering for the Make-A-Wish Foundation®. Upon acceptance as a volunteer, the information on this form will assist us in finding the most satisfying and appropriate volunteer role for you. We appreciate your cooperation in answering as thoroughly as possible.

For Office Use Only	Date Completed
Application Received _____	
References Checked _____	
Interviewed _____	
Police Check received _____	
Assigned to Committee _____	
Contacted by MAW rep. _____	
Entered in Database _____	
Orientation completed _____	
Inactive as of (date) _____	

Contact information:

Name: _____

Home Address: _____ City: _____ PC: _____

Home Phone: _____ Cell# _____ E-Mail: _____

Employment Info:

Present Employer: _____ Position: _____

Work Address: _____ City: _____ PC: _____

Work Phone (if appropriate): _____ Fax (if appropriate): _____

May we contact you at work? Yes No If yes, when is the best time? _____

1. How did you hear about the Make-A-Wish Foundation® (MAW)? _____

2. Tell us about yourself and your reason for choosing MAW for your volunteer activities. _____

3. Have you ever been, or are you currently, involved with any other organization in a volunteer capacity? If 'yes', in what capacity? _____

4. Do you have special work-related skills that could benefit MAW? _____
 If yes, please explain. _____

5. Do you have other skills, interests or hobbies that could benefit MAW? _____

6. What type of volunteer opportunities are you most interested in?
 Fundraising Committee Wish Grantor (visiting family, asking what wish is & possibly helping with child's wish) Resource Committee Special Events (volunteering for e.g. golf tournaments) Office Support other (special talents to offer) _____
7. Do you drive? Yes No
8. Languages other than English: _____.
9. Availability for volunteering: Days Evenings Weekends Special Events
 How many hours (approximately) per week? _____ per month? _____
10. Would you agree to a criminal record check? Yes No If no please give reason why. _____

References:

Professional: _____ Phone: _____

Personal: _____ Phone: _____

Are your references aware of your referral? Yes No

I have completed and reviewed this entire form and attest that the information provided is true. I authorize the Make-A-Wish Foundation® to contact my references, conduct a background check and otherwise verify the accuracy of all information provided by me.

Signature: _____ Date: _____

Parent/Guardian Signature (if under 18 years): _____

Parent's Phone number (if under 18 years): _____

Emergency Contact: _____ Phone: _____