



Southwestern Ontario Canada

Make-A-Wish® Southwestern Ontario  
 307 Commissioners Road West, London, ON, N6J 1Y4  
 Southwestern Ontario Chapter Domain at: [www.swo.makeawish.ca](http://www.swo.makeawish.ca)  
 National website: [www.makeawish.ca](http://www.makeawish.ca)  
 Tel: 471-4900 Fax: 471-4933

General Inquiries: [swontariochapter@makeawish.ca](mailto:swontariochapter@makeawish.ca)

Volunteer Inquiries: [roberta.derikx@makeawish.ca](mailto:roberta.derikx@makeawish.ca)

## VOLUNTEER APPLICATION FORM

Upon acceptance as a volunteer, the information on this form will assist us in finding the most satisfying and appropriate volunteer projects for you. We appreciate your cooperation in answering as thoroughly as possible.

For Office Use Only	Date Completed		Date Completed
<input type="checkbox"/> Application Received	_____	<input type="checkbox"/> Entered in Database	_____
<input type="checkbox"/> Volunteer Role	_____	<input type="checkbox"/> References Checked	_____
<input type="checkbox"/> Background Check (if applicable)	_____	<input type="checkbox"/> Orientation/Interviewed	_____
<input type="checkbox"/> Committee	_____	<input type="checkbox"/> Inactive as of	_____
<input type="checkbox"/> Notes _____			
_____			
_____			

### Section 1: Contact Information

**\*Required** Please specify:  Mr.  Mrs.  Ms.

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, Prov: \_\_\_\_\_ PC: \_\_\_\_\_

**\* Required** Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**\* Required** E-mail: \_\_\_\_\_

### Current (or most recent) Employment

Present Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Work Address: \_\_\_\_\_

City, Prov: \_\_\_\_\_ PC: \_\_\_\_\_

Bus: Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Bus: E-mail: \_\_\_\_\_

May we contact you at work?  YES  NO

Indicate best way to contact you:  Phone  Email  Fax

## Section 2: Volunteer and Community Involvement

How did you hear about the Make-A-Wish Foundation®?

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Have you ever done volunteer work before?     YES     NO    If yes, please describe affiliations below:

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name & Title: \_\_\_\_\_

Period of Service: \_\_\_\_\_ Provide details of your role and responsibilities:

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Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name & Title: \_\_\_\_\_

Period of Service: \_\_\_\_\_ Provide details of your role and responsibilities:

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Are you currently associated with any other charitable, civic or business organizations?

If yes, please list below

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## Section 3: References

**Provide one personal, and one business reference when possible. References must be non-related to applicant.**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ **\* Required** Phone # \_\_\_\_\_

**\* Required** E-mail Address: \_\_\_\_\_

**\* Required** Mailing Address: \_\_\_\_\_ City, Prov: \_\_\_\_\_ PC: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ **\* Required** Phone # \_\_\_\_\_

**\* Required** E-mail Address: \_\_\_\_\_

**\* Required** Mailing Address: \_\_\_\_\_ City, Prov: \_\_\_\_\_ PC: \_\_\_\_\_

Are your references aware of your referral?     YES     NO

**Note:  
Signature  
& Date  
Required  
on Page 4!**

### Section 4: Volunteer Interests

- 1) Tell us about yourself, and your reason for choosing Make-A-Wish® for your volunteer activities.
- 2) Do you have special work-related skills, interests or hobbies that could be beneficial for our Foundation?
- 3) What do you hope to gain from this volunteer experience?
- 4) What type of volunteer opportunities are you most interested in? Please check all that apply.
 

A) Special Events (happening in all regions where Chapter serves) <input type="checkbox"/>	B) Office Support <input type="checkbox"/>
C) Speaker's Bureau <input type="checkbox"/>	D) Wish Granting <input type="checkbox"/>
E) Wish Companion (assist Wish Grantors) <input type="checkbox"/>	F) Kids for Wish Kids® Program <input type="checkbox"/>
G) Language Services - (Interpreter for Wish Families as needed) <input type="checkbox"/>	H) Resource Pool (specific projects as developed) <input type="checkbox"/>
I) Chapter Annual Events (in London) <input type="checkbox"/>	J) Other <input type="checkbox"/> (please specify) _____

When are you available for volunteer activities?  Days  Evenings  Weekends  
 How many hours (approximately) per week? \_\_\_\_\_ per month? \_\_\_\_\_

**NOTE: If you checked option D) Wish Granting, please complete  
 "Wish Granting" section below, otherwise, skip to next section of application.**

### Section 5: Wish Granting

*Wish Granting is a unique role, requiring a unique commitment.*

It involves: training, project and time management, strong communications, problem solving skills, the ability to work with diverse groups of people, some travel, and often, a greater time commitment than other volunteer roles. Briefly, granting a wish consists of approximately four visits with a family (three prior to the wish, and one follow-up), along with some time requirements throughout the wish granting process.

- 1) Do you feel you have the time and personal qualities required for such a commitment?

*If you have answered "yes", please continue.*

*If you have decided that Wish Granting is not the right volunteer role for you at this time, we thank you for your honesty, and would be pleased to consider your assistance in another volunteer capacity.*

- 2) Please explain why you are interested in granting wishes to children with life-threatening illnesses.

- 3) What abilities and/or qualifications can you bring that make you a good match for this volunteer role?

**Note:  
Signature  
& Date  
Required  
Below.**

## Make-A-Wish® Privacy of Information Policy

Information provided by volunteer applicants, and ascertained through Police Records Checks & Vulnerable Positions Screenings, will only be used for the purpose of the volunteer's position with Make-A-Wish® Southwestern Ontario, and will not be given to any other organization or outside party.

It is the responsibility of Make-A-Wish Southwestern Ontario to make all volunteers aware of the areas that a Police Records Check & Vulnerable Positions Screening search will be conducted. Information to be searched by Police Services will include:

- Pardoned sex offences
- Criminal record (Adult)
- Probation, Prohibition and other Judicial orders which are in effect
- Record(s) of conviction for offences under the "Child & Family Services Act"
- Occurrences
- Criminal record (Young person)
- Records of "Not criminally responsible on account of mental disorder"
- Pending charges under Federal Statutes
- Pending charges under the "Child & Family Services Act"

## Section 6: Authorization & Consent

In order to safeguard the clients which Make-A-Wish® Southwestern Ontario serves, I understand the need for Make-A-Wish Southwestern Ontario to carefully screen all volunteer applicants.

### Therefore, I hereby authorize that:

- I have completed and reviewed this entire form, and attest that the information I have provided is true.
- I agree and acknowledge that Make-A-Wish Southwestern Ontario will contact the individuals I have given as references, and will verify the accuracy of all information I have provided.
- I understand that a condition of acceptance for any volunteer role with Make-A-Wish Southwestern Ontario is that I complete a Police Records Check & Vulnerable Positions Screening.
- I understand that any false information I have given, or any incident recorded on my Police Records Check & Vulnerable Positions Screening **may** result in my being unaccepted in any volunteer role with Make-A-Wish Southwestern Ontario.
- I understand that Make-A-Wish Southwestern Ontario has the right to deny any individual as a volunteer for the Foundation, and reserves the right to have a Police Records Check & Vulnerable Positions Screening conducted again at any time during a volunteer's service with the Foundation.
- I, the undersigned, hereby consent to my photo, film, videotape or words being used by Make-A-Wish Southwestern Ontario for promotional and informational purposes. I understand that there is no remuneration of any kind for the use of my photo, film, videotape or words and that they become the sole property of Make-A-Wish Southwestern Ontario.
- I hereby for myself, my heirs and personal representatives assume any and all risks which might be associated with my volunteer service for Make-A-Wish Southwestern Ontario. I further waive, fully and unconditionally release, forever discharge and covenant not to sue Make-A-Wish Southwestern Ontario and its directors, employees, sponsors, organizers, volunteers, or other representatives, and clients, or their successors and assigns, for any and all injuries, damages or losses of any kind whatsoever sustained by myself.

**I have read this Authorization and Consent Statement and fully understand its contents.**

Print Name in Full: \_\_\_\_\_

**Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18 yrs): \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: (if under 18 yrs) \_\_\_\_\_