



Make-A-Wish Foundation® of Central California

## VOLUNTEER APPLICATION

Thank you for your interest in becoming a volunteer for the Make-A-Wish Foundation® of Central California. We use this application during our screening process. It helps us identify the volunteer position that is best for you and that meet a need of the Foundation. In addition to completing this application, you must also attend an orientation in order to become a registered Make-A-Wish Foundation volunteer. Because we work closely with children, we perform a reference check on all applicants, as well as a criminal background investigation on applicants over 18 as part of our screening process. Specifically, we are concerned with any legal history in regard to child abuse and/or fraud. All information in this application and any acquired through the background investigation will remain confidential and be used only for screening and placement purposes. Please call (559) 221-9474 with any questions regarding the volunteer application and screening process. Please return this completed application to:

**Make-A-Wish Foundation®  
of Central California  
83 E. Shaw, Ste. 202  
Fresno, CA 93710**

### General Information

Please print legibly

<b>Individual Information</b>			
<b>Date:</b>			
<b>Full Name:</b>			
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
<b>Home Address:</b>			
<b>City:</b>			
<b>State:</b>		<b>Zip:</b>	
<b>Home Phone:</b>			
<b>Fax:</b>			
<b>Cell Phone:</b>			
<b>Email:</b>			

<b>Employment Information</b>			
<b>Employer:</b>			
<b>Position:</b>			
<b>Business Address:</b>			
<b>City:</b>			
<b>State:</b>		<b>Zip:</b>	
<b>Work Phone:</b>			
<b>Work Email:</b>			

Please check preferred **mailing** address:

Home

Work

Please check preferred **email** address:

Home

Work

May we contact you at work?  Yes  No

If yes, when is the best time to contact you at work? \_\_\_\_\_

Is there information from your employment history that you think would be relevant to your volunteer application? If yes, please list any relevant experience in the space provided.

In case of emergency, whom should we contact?

<b>Name:</b>		<b>Phone Number:</b>	
<b>Relationship:</b>			

## Volunteer History

Do you have volunteer experience?  Yes  No

If yes, please list, beginning with present or most recent experience.

<b>Organization Name:</b>			
<b>Dates of Service:</b>			
<b>Position/Duties:</b>			
<b>Contact Name:</b>			
<b>Phone Number:</b>			

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<b>Phone Number:</b>			

Have you ever been asked to relinquish a volunteer position?  Yes  No

If yes, please explain:

Are you associated with any other charitable, civic, or business organizations?  Yes  No

If yes, please list organizations:

Do you hold a valid driver's license?  
If yes, which state?

Yes  No

<b>Auto Insurance Company:</b>			
<b>Policy Number:</b>		<b>Expiration Date:</b>	

Have you ever had your driver's license suspended or revoked?  
If yes, please explain (attach an additional sheet if necessary):

Yes  No

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## Personal References

Please provide complete information for three non-family references:

<b>Name:</b>			
<b>Address:</b>			
<b>City:</b>			
<b>State:</b>		<b>Zip:</b>	
<b>Phone Number:</b>			

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<b>Address:</b>			
<b>City:</b>			
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<b>Phone Number:</b>			

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<b>Address:</b>			
<b>City:</b>			
<b>State:</b>		<b>Zip:</b>	
<b>Phone Number:</b>			

If you would like to include additional information about yourself, please use the space provided.

## Volunteer Interest

Please indicate the volunteer area(s) in which you are interested.

	<b>Wish Granting</b> - Works directly with children to discover and fulfill wishes. (Must be at least 18 years old.)
	<b>Development and Fundraising</b> - Supports the granting of wishes through planning and/or staffing fund-raising events and family activities.
	<b>General Administration</b> - Joins our office staff team to help answer the telephone, help with office projects, and greet guests.
	<b>Translation Service</b> – Works directly with our Wish Grantors and staff team to communicate with wish children and their families.
	<b>Website Design</b> – Works with our staff team to keep our website current.
	<b>Marketing and Public Relations</b> – Represents the Foundation at community, school, business or civic events.

Please answer the following questions.

<i>How did you hear about the Make-A-Wish Foundation?</i>	
<i>Why do you want to volunteer for the Make-A-Wish Foundation of Central California?</i>	
<i>Please list any skills and/or expertise you would be willing to share with the Make-A-Wish Foundation on a volunteer basis.</i>	
<i>Do you have access to or contact for products or services that could be donated to the Foundation?</i>	
<i>Do you have or know a corporation, business, or organization that might become a donor or be willing to do fundraising projects or event on the Foundation's behalf?</i>	
<i>How many hours per month would you like to volunteer?</i>	

I have completed and reviewed this entire form and attest that the information provided is true. I am volunteering my time for personal reasons. I understand I will not be paid for my services as a volunteer and I expect no compensation. By signing below, I am agreeing to all terms, conditions, and statements listed within this application.

<i>Applicant Signature:</i>	<i>Date:</i>
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If applicant is under the age of 18, please complete the following section:

<i>Applicant Name:</i>	<i>Date of Birth:</i>
<i>Parent or Guardian Signature :</i>	<i>Date:</i>



## Adult Volunteer Consent and Release

### ALL INFORMATION PROVIDED WILL BE CONFIDENTIAL.

Working as a volunteer for the Make-A-Wish Foundation of Central California requires considerable responsibility. You will be entrusted with valuable assets of the Foundation, most importantly our Wish Children and Wish Families. As a condition of your potential service as a volunteer and by completing this form and signing below, you authorize the Foundation to perform a background investigation. Inquiries into criminal backgrounds are necessary to protect Wish Children and their families. Your participation in this process is voluntary; however, if you choose not to sign this release, you will be eliminated as a possible candidate for volunteer work with the Foundation. By signing this form, you also authorize a background investigation to be performed every three years as long as you are a registered volunteer.

Have you ever been convicted of a criminal offense, including but not limited to, criminal neglect, abuse, or assault?  Yes  No

*If yes, please explain (attach an additional sheet if necessary):*

Do you agree to disclose any future criminal convictions or violations?  Yes  No

#### Terms and Conditions

- I hereby acknowledge that volunteer activities may involve risk of injury or harm and that I am willing to assume this risk.
- I understand that I may decline any volunteer role or position at any point if I feel my health may be jeopardized.
- I make a commitment that I will let Make-A-Wish Foundation of Central California staff know if I have a preexisting condition that should preclude my involvement in any activity that may further cause injury to my preexisting condition.
- In consideration of my being accepted as a volunteer I hereby voluntarily and knowingly release, waive, and discharge the Make-A-Wish Foundation® of Central California and Make-A-Wish Foundation® of America, their Board of Directors, employees, and volunteers from any and all liability that may result from my participation in volunteer activities for the Foundation.
- I hereby authorize the Make-A-Wish Foundation of Central California staff to act on my behalf in accordance with their best judgment in case of an emergency, and agree to assume full responsibility for all medical expenses that may arise there from.
- By signing this document, I acknowledge that I have read its contents and disclosures, that I understand its contents and disclosure, and that I agree with its terms.

I hereby authorize the Make-A-Wish Foundation® of Central California to schedule and complete a personal background check, including criminal history.

Do you have any prior names or surnames?  Yes  No

*If yes, please list name(s):*

<b>Date of Birth:</b>			
<b>Place of Birth:</b>			
<b>Social Security Number:</b>		<b>Driver's License Number:</b>	

<b>Applicant Signature:</b>		<b>Date:</b>	
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STAFF MUST INITIAL THAT POSITIVE IDENTIFICATION SUCH AS DRIVER'S LICENSE OR STUDENT ID WAS PERSONALLY REVIEWED AND DEEMED ORIGINAL. \_\_\_\_\_