



Idaho

Volunteer Application (Part 1)

Personal information:

Full name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Cell phone: _____

Fax: _____ Email address (required): _____

Employment information:

Employer: _____ Since: _____

Position: _____

Work phone: _____ Fax: _____

May we contact you at work? Yes No

Emergency contact information:

Name: _____ Relationship: _____

Daytime phone: _____ Evening phone: _____

Education information:

High School: _____ Date completed: _____

College: _____ Degree: _____

Date completed: _____

Volunteer experience:

Organization name: _____

Position: _____ From: _____ To: _____

Contact: _____ Phone: _____

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

If yes, please explain: _____

Volunteer Application (Part 1 cont.)

Personal references: *Appropriate individuals are former employers, teachers, administrators of other volunteer programs, etc. References should not be family members or significant other.*

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone: _____ Phone: _____

I have completed and reviewed this entire form and attest that the information provided is correct and true.

Applicant signature: _____ Date: _____

If applicant is under the age of 18, please complete the following section:

Parent/guardian signature: _____ Date: _____

Volunteer Options:

Please select one or both of the following volunteer types that you are interested in.

Wish Granting Volunteer

Wish Granting volunteers are trained by us and work directly with our wish families to help grant wishes. This is an incredibly rewarding experience, but the time commitment can vary from wish to wish. Each wish is as unique as the wish child who dreams of it, so you never know! There is a mandatory training that is about 2 ½ hours. Additionally, we do ask volunteers to fully read all correspondences we send to keep up to speed on any changes to wish granting tips or tricks. Wishes themselves usually have about a three hour time commitment initially (to speak with your wish granting partner, buy icebreaker gifts, interview your child, then call or email our office to tell us how it went). After an internal budget/medical review and approval of the wish, you share the news with the family and continue to communicate with our office as we start planning the details. Sometimes due to treatments wishes can take upwards of a year from the time a child is referred to the wish being granted. Essentially our wish granters work as ambassadors between our office and our wish families. Wish Granting Volunteers must have a criminal background check completed every 3 years, and be at least 21 years old.

Event Volunteer

Event volunteers help at our three major fundraising events every year: The Polar Bear Challenge in January, Walk for Wishes in May, and Serving Up Wishes in September. Event volunteers may also be needed for various projects throughout the year.

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ANNUAL CONFLICT OF INTEREST AND ETHICS ASSURANCE STATEMENT

As an employee or volunteer of the Make-A-Wish Foundation (the "Foundation"), I have an obligation to the Foundation and the constituencies it serves to comply with the highest standards of ethical conduct. I will not commit acts contrary to those standards, and I will promptly report to appropriate Foundation representatives – either directly, or through MySafeWorkplace (a 24-hour confidential whistle-blower hotline that can be accessed at www.MySafeWorkplace.com or by calling 1-800-461-9330) – the commission of any such acts by others within the Foundation. I understand that my responsibilities include the following:

Ethics and Legal Assurance

- I will at all times: (a) perform my duties in accordance with relevant laws, regulations and Foundation policies and standards; (b) promote the attainment of the Foundation's legitimate and ethical objectives; and (c) represent the interests of all constituencies served by the Foundation and not favor special interests inside or outside the Foundation in connection with Foundation business.
- I will refrain from: (a) violating any criminal or civil law or regulation, the violation of which may reflect poorly on the Foundation; and/or (b) engaging in or supporting any activity that would discredit the Foundation.
- I will submit to a criminal background check every three years (or more frequently if required by the Foundation), and I agree to disclose at the time I execute this document and thereafter as the same may arise any official investigations of criminal activities, arrests and/or convictions involving me (other than for routine traffic offenses not involving drugs or alcohol).

Conflict Of Interest

- I will either avoid, or will promptly disclose and recues myself from any decisions involving, any activity or practice which conflicts with, or can be perceived as conflicting with, the interests of the Foundation, including but not limited to situations where I, or a relative, friend or business acquaintance of mine, proposes to provide goods or services to the Foundation for consideration.
- I will refrain from using Foundation property or resources for personal profit or advantage, or for any purpose not related to the activities of the Foundation.
- I will refuse any personal gifts, loans, favors or other consideration of more than nominal value from any Foundation vendor, sponsor or other outside party that would influence, or could be perceived as influencing, my actions or the actions of others.

Confidentiality

- During my involvement with the Foundation and thereafter, I will maintain the confidentiality of any information regarding the Foundation, wish children and their families, donors and volunteers that has not been released publicly, unless legally obligated to do otherwise.
- I will refrain from using or appearing to use confidential information acquired in the course of my service for unethical or illegal advantage, either personally or through third parties.

I have read, understand and agree to be bound by the above standards.

Print name

Signature

Date

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1. How did you hear about Make-A-Wish Foundation®? Tell us why you are exploring volunteer opportunities with our organization.
2. We are anxious to get to know you! Share with us some details about yourself.
3. Do you have any prior experiences with life-threatening medical conditions or wish granting organizations?
4. Do you currently or have you ever volunteered with another organization? If so, where?
5. Brag about your special skills and strengths? Weaknesses?
6. What are you hoping this particular volunteer experience can offer you? Offer others?
7. Are you bilingual? If so, what languages do you speak?
8. When are you available to volunteer? How often would you like to be involved? How far are you willing to travel from your home?

