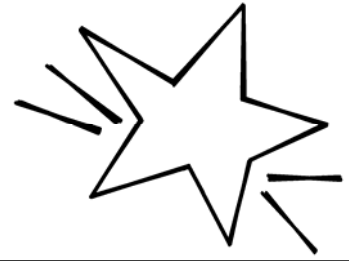




Make-A-Wish Foundation® of Minnesota

# VOLUNTEER APPLICATION



Thank you for your interest in becoming a volunteer for the Make-A-Wish Foundation® of Minnesota. We are dedicated to granting wishes to children with life-threatening medical conditions to enrich the human experience with hope, strength and joy. Volunteers enable us to fulfill this mission by providing support in all areas of the organization. To begin the process of becoming a volunteer, please complete this application. It helps us identify the volunteer position that is best for you and that meets a need of the Foundation. In addition to completing this application, you must also participate in an interview and then be invited to an orientation in order to become a registered Make-A-Wish Foundation of Minnesota volunteer. Because we work closely with children, we perform a reference and criminal background check on all applicants 18 years of age and older as part of our screening process. 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 the Volunteer Coordinator at 612-767-9474 with any questions regarding the volunteer application and screening process.

**Volunteer Coordinator**  
**Make-A-Wish Foundation of Minnesota**  
 615 1<sup>st</sup> Avenue NE, Suite 415  
 Minneapolis, MN 55413  
 Fax: 612-767-2768

## General Information

Please type or print legibly and indicate the best way for us to contact you with a star.

<b>Individual Information</b>			
<b>Full Name:</b>			
	<small>Last Name</small>	<small>First Name</small>	<small>Middle Initial</small>
<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 Fax:</b>		
<b>Work Email:</b>			

May we contact you at work?  Yes  No

In case of emergency, whom should we contact?

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

## Employment History

<i>Company Name:</i>	
<i>Dates of Service:</i>	
<i>Position/Duties:</i>	
<i>Supervisor Name:</i>	<i>Phone Number:</i>

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<i>Supervisor Name:</i>	<i>Phone Number:</i>

## Volunteer History

Do you have volunteer experience?  Yes  No

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

<i>Organization Name:</i>	
<i>Dates of Service:</i>	
<i>Position/Duties:</i>	
<i>Supervisor Name:</i>	<i>Phone Number:</i>

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<i>Position/Duties:</i>	
<i>Supervisor Name:</i>	<i>Phone Number:</i>

*Any additional information from your employment or volunteer history that you think would be relevant to your volunteer application can be provided on a separate page.*

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?

Yes  No

If yes, which state?

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

Have you ever had your driver's license suspended or revoked?

Yes  No

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

## 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>			<b>Relationship:</b>	

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

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

If you would like to include additional information about yourself, please attach additional sheets to this application.

## Volunteer Interest

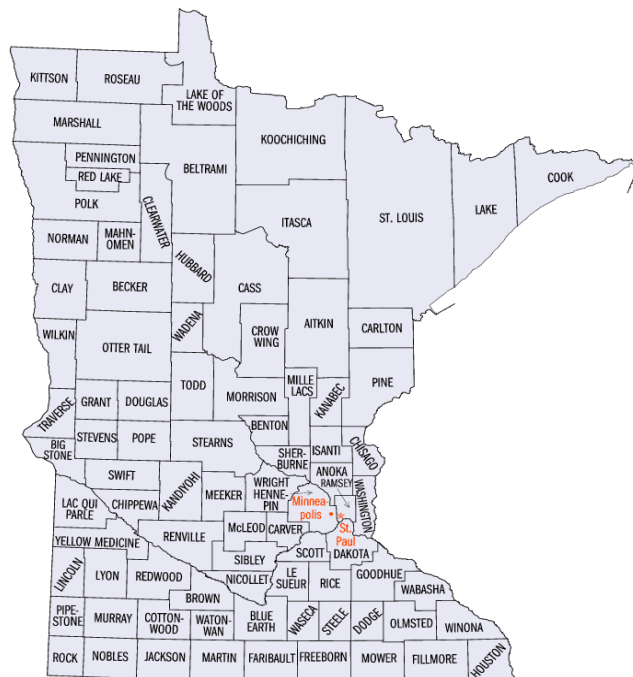
Please indicate the volunteer position in which you are interested. Detailed volunteer position descriptions are available from the Make-A-Wish Foundation of Minnesota office.

	<b>Wish Ambassador</b>	Represents and is willing to speak on behalf of the Foundation at community, school, business, or civic events.
	<b>Wish Assistant</b>	Joins our office team and helps with office projects, answering phones, and greeting guests.
	<b>Wish Consultant</b>	Fulfills specific assignments through special skills or interests (e.g. translator, handyperson, graphic designer, etc.)
	<b>Wish Granter</b>	Works directly with wish children to discover, plan and fulfill a wish. (Must be at least 21 years old.)
	<b>Wish Greeter</b>	Greets the wish children and their families (usually at the MSP airport) and assists them during the inception and/or completion of their wish.
	<b>Wish Maker</b>	Supports the granting of wishes through planning and/or staffing fund-raising events and family activities.
	<b>Kids for Wish Kids®</b>	Students from elementary school through high school help make wishes come true by coordinating and participating in fund raisers and service projects.

Please answer the following questions:

How did you hear about the Make-A-Wish Foundation?	
Why do you want to volunteer for the Make-A-Wish Foundation of Minnesota?	
Please list any skills and/or expertise you would be willing to share with the Make-A-Wish Foundation on a volunteer basis.	
Do you have access to or contacts for products or services that could be donated to the Foundation?	
How many hours per month would you like to volunteer?	

Please circle or shade in all counties where you are willing and able to volunteer on the map below:



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.

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

Applicant Name:	Date of Birth:
Parent or Guardian Signature :	Date:



**Make-A-Wish Foundation® of Minnesota**  
 615 1<sup>st</sup> Avenue NE, Suite 415  
 Minneapolis, MN 55413  
 (612) 767-WISH (9474)  
 www.wishmn.org

## *Adult Volunteer Consent and Release*

### ALL INFORMATION PROVIDED WILL BE CONFIDENTIAL.

Working as a volunteer for the Make-A-Wish Foundation of Minnesota 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.

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*

1. I hereby acknowledge that volunteer activities may involve risk of injury or harm and that I am willing to assume this risk.
2. I understand that I may decline any volunteer role or position at any point if I feel my health may be jeopardized.
3. I make a commitment that I will let Make-A-Wish Foundation of Minnesota 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.
4. In consideration of my being accepted as a volunteer, I hereby voluntarily and knowingly release, waive, and discharge the Make-A-Wish Foundation® of Minnesota and Make-A-Wish Foundation® of America, their Board of Trustees, employees, and volunteers from any and all liability that may result from my participation in volunteer activities for the Foundation.
5. I hereby authorize the Make-A-Wish Foundation of Minnesota 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.
6. By signing this document, I authorize the Make-A-Wish Foundation of Minnesota to conduct a criminal background check every three years as long as I am still a registered volunteer.
7. By signing this document, I acknowledge that I have read its contents and disclosures, that I understand its contents and disclosures, and that I agree with its terms.

I hereby authorize the Make-A-Wish Foundation® of Minnesota to 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>Full Name:</b>			
<b>Date of Birth:</b>			
<b>Social Security Number:</b>		<b>Driver's License Number:</b>	
<b>Permanent Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	

<b>Applicant Signature:</b>	<b>Date:</b>
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