



## VOLUNTEER APPLICATION

Please print clearly. All BOLD lines must be completed, or the application will not be accepted.

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Preferred E-Mail Address:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**May we contact you at work?**     Yes     No

**Skills or hobbies:** \_\_\_\_\_

**Days/hours available to volunteer:** \_\_\_\_\_

**All volunteer positions require completion of a criminal-background check (via fingerprinting).**

**No one under 18 can be fingerprinted. Are you old enough to be fingerprinted?**     Yes     No

**In case of emergency, whom should we contact?**

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

Should you choose to become a Wish-Granting Volunteer, you must have transportation.

Do you hold a valid driver's license?     Yes     No    If yes, which state? \_\_\_\_\_

Have you ever had your driver's license suspended or revoked?     Yes     No

If yes, please explain: \_\_\_\_\_

**In what capacity are you interested in volunteering? Please check those areas that are of interest to you: (Feel free to check more than one!)**

\_\_\_\_\_ **Are you bilingual? If so, what language(s)?** \_\_\_\_\_

Bilingual volunteers may be asked to help in various areas of the Foundation. (We especially need Spanish-speaking volunteers who would be able to communicate with a Wish Child and/or family in an interview.)

\_\_\_\_\_ **Wish Team:** Volunteers work with the children and families in the Wish-Granting process—assist in interviewing the child, obtaining items for the wish, planning the Wish, etc. *Wish-Granting Training is mandatory before volunteering in this capacity.*

\_\_\_\_\_ **Events:** Volunteers help organize fund-raising events hosted by the Foundation as well as assist with those events organized for the Foundation's benefit by other groups. *Occasionally, mandatory trainings are required, depending on the event.*

\_\_\_\_\_ **Ambassadors Program:** These volunteers act as representatives for Make-A-Wish and are often invited to speak at service organizations, corporations, etc. Knowledge of Make-A-Wish and some level of experience speaking in front of small-to-large groups are required. *Speakers Bureau Training is mandatory before volunteering in this capacity.*

\_\_\_\_\_ **Corporate Sponsorship:** These volunteers are part of a team that solicits businesses and corporate organizations for sponsorship of events such as the Annual Wine Auction and Wish Night.

\_\_\_\_\_ **Communications:** Working with the Director, these volunteers advise, create, and define campaigns and connections for Make-A-Wish of Greater Los Angeles. We especially need volunteers who have experience with press materials, Web-site design and maintenance, and graphic-design projects.

\_\_\_\_\_ **Special Projects:** These volunteers work on special, one-time assignments that we have from time to time. These projects vary according to the specific needs and goals of the Foundation at any particular time. Special-assignment projects are sent via e-mail.

\_\_\_\_\_ **Internships:** There are a few internships available for students each semester of the school year in our Century City office. They are tailored to fit the student's needs and schedule, and they can include concentrations in non-profit management, communications, development, and program.

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Volunteer History \_\_\_\_\_ Do you have volunteer experience?  Yes  No

If yes, please list organizations and describe briefly in what capacity you volunteered:

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**In a few words, why do you want to volunteer for Make-A-Wish?**

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**Please list one personal reference unrelated to you:**

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**How acquainted:** \_\_\_\_\_

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I HAVE COMPLETED AND REVIEWED THIS ENTIRE FORM AND ATTEST THAT THE INFORMATION PROVIDED IS TRUE. I ALSO UNDERSTAND THAT ALL VOLUNTEER POSITIONS REQUIRE THE COMPLETION OF A CRIMINAL-BACKGROUND CHECK.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_