

Volunteer Application

Make-A-Wish Foundation® of East Tennessee

Please note that certain volunteer positions require completion of a criminal background check every three years.

Please print legibly

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Numbers (home): _____ (work): _____

County: _____ Cell Phone: _____ Fax: _____

E-mail address: _____

May we contact you at work? Yes No

In case of emergency, who should we contact?

Name: _____ Telephone Number: _____

Relationship: _____

What position are you applying for?

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Wish Granter | <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Medical Outreach | |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Other (Please describe): _____ | |
| <input type="checkbox"/> Communications | | |

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: _____

Do you use illegal drugs? Yes No

Are you currently charged with a criminal offense, including but not limited to, criminal neglect, abuse, or assault?

Yes No If yes, please explain: _____

Have you ever been charged with a criminal offense, including but not limited to, criminal neglect, abuse, or assault?

Yes No If yes, please explain: _____

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

Employment History

Do you have work experience? Yes No

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

Organization Name: _____
Position: _____
Supervisor's Name and Title: _____ Telephone Number: _____
Dates of Service: _____

Organization Name: _____
Position and: _____
Supervisor's Name and Title: _____ Telephone Number: _____
Dates of Service: _____

Organization Name: _____
Position and : _____
Supervisor's Name and Title: _____ Telephone Number: _____
Dates of Service: _____

Volunteer History

Do you have volunteer experience? Yes No

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

Organization Name: _____
Position: _____
Supervisor's Name and Title: _____ Telephone Number: _____
Dates of Service: _____

Organization Name: _____
Position and: _____
Supervisor's Name and Title: _____ Telephone Number: _____
Dates of Service: _____

Organization Name: _____
Position and : _____
Supervisor's Name and Title: _____ Telephone Number: _____
Dates of Service: _____

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

If yes, please explain: _____

Personal References

Please provide three non-family references:

Name: _____
Address: _____
Telephone Number: _____ Relationship: _____

Name: _____
Address: _____
Telephone Number: _____ Relationship: _____

Name: _____
Address: _____
Telephone Number: _____ Relationship: _____

If you would like to include additional information about yourself, please do so on the back of this form.

I HAVE COMPLETED AND REVIEWED THIS ENTIRE FORM AND ATTEST THAT THE INFORMATION PROVIDED IS TRUE. ADDITIONALLY, I UNDERSTAND THAT CERTAIN VOLUNTEER POSITIONS MAY REQUIRE THE COMPLETION OF A CRIMINAL BACKGROUND CHECK.

Applicant Signature _ Date _____

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

Parent/Guardian Signature _____ Date _____

Return form to the Make-A-Wish Foundation® of East Tennessee:

**Make-A-Wish Foundation of East Tennessee
Attn: Program Services Director
510 South Willow Street
Chattanooga, TN 37404**

Adult Volunteer Consent and Release

Make-A-Wish Foundation® of East Tennessee

Name: _____

Position applied for: _____

The volunteer position you have applied for upholds considerable responsibilities. You may be entrusted with valuable assets of the Foundation, most importantly our wish children and wish families. As a condition of your potential service to the Foundation as a volunteer we may perform a background investigation. Your participation in this process is voluntary; however, if you choose not to sign this release, you may be eliminated as a possible candidate for the position you have applied for.

ALL INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL.

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

Do you have any prior names or surnames? Yes No

If yes, please list name(s): _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

Driver's License Number: _____ State: _____

Signature: _____ Date: _____

Make-A-Wish Foundation® of East Tennessee

510 S. Willow St. Chatt, TN 37404
(423) 629-9474 Fax: (423) 622-5531

PROSPECTIVE VOLUNTEER QUESTIONNAIRE FORM

Thank you for taking your time to complete this form. It will help us ensure that the children in our community who are challenged by life-threatening illness, and the donors who support their wishes, are served with the highest possible quality and stewardship. Any information you provide will be held in the strictest of confidence and will be used for no purpose other than the determination of the applicant ability to serve as a volunteer for the Make-A-Wish Foundation® of East Tennessee.

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

PHONE: HOME _____ WORK _____

MAY WE CONTACT YOU AT WORK? YES NO IF YES, WHEN?

AVAILABLE HOURS TO VOLUNTEER:

IN A FEW WORDS, DESCRIBE YOURSELF AND WHAT MOTIVATED YOU TO VOLUNTEER AT THIS TIME IN YOUR LIFE. WHY MAKE-A-WISH?

DO YOU PREFER TO WORK INDIVIDUALLY OR IN A GROUP? WHAT JOBS/TASKS DO YOU LIKE MOST? LEAST?

DO YOU HAVE LEADERSHIP EXPERIENCE? PLEASE DESCRIBE.

WHAT DO YOU WANT TO GET FROM YOUR VOLUNTEER EXPERIENCE?

WHAT SKILLS WOULD YOU BRING TO MAKE-A-WISH? (PLEASE CHECK THE APPROPRIATE BOXES)

- | | |
|---|--|
| <input type="checkbox"/> PLANNING ORAL | <input type="checkbox"/> COMMUNICATIONS- |
| <input type="checkbox"/> PROJECT MANAGEMENT WRITTEN | <input type="checkbox"/> COMMUNICATIONS- |
| <input type="checkbox"/> EVENT MANAGEMENT | <input type="checkbox"/> ARTIST |
| <input type="checkbox"/> INVESTMENT EXPERTISE | <input type="checkbox"/> MUSICIAN |
| <input type="checkbox"/> FUND RAISING | <input type="checkbox"/> GRAPHIC DESIGN |
| <input type="checkbox"/> PUBLIC RELATIONS | <input type="checkbox"/> COMPUTER-HARDWARE |
| <input type="checkbox"/> ADVERTISING | <input type="checkbox"/> COMPUTER-MS OFFICE/WORD |
| <input type="checkbox"/> OFFICE ADMINISTRATION | <input type="checkbox"/> COMPUTER-DATABASE |
| <input type="checkbox"/> MEDICAL | <input type="checkbox"/> MGMT./OTHER |
| <input type="checkbox"/> MARKETING/SALES | <input type="checkbox"/> PHOTOGRAPHY/VIDEO |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> PRODUCTION |
| <input type="checkbox"/> SUPERVISORY | |

COMMENTS/ ADD'L DETAILS:

WHAT POSITIONS(S) ARE YOU INTERESTED IN? (Please rank in the **ORDER** of importance; 1 being the **HIGHEST**. For a more complete description of each position, please refer to the Make-A-Wish "Program Overview" included in this packet).

_____ **EXTERNAL FUNDRAISING**

Volunteers involved in this area, work in small groups and/or independently. Volunteers manage a project from start to finish, with the time commitment varying based on the individual project. The volunteers should be able to make or receive calls at work. This is a great opportunity to work with a variety of people, clubs, and organizations.

_____ **INTERNAL FUNDRAISING-SPECIAL PROJECTS**

Volunteers work in a committee setting to help plan special events and activities for the chapter. This may require work on a long-term project (i.e., planning a golf tournament) or help on a short-term project (i.e., staffing a booth at the mall). Committee meetings are generally held in the evenings Monday-Saturday. Volunteer activities (in addition to event planning and

participation) include helping to secure sponsors and participating on various sub-committees (i.e., publicity committee, program committee, ad committee, etc.).

_____ **OFFICE SUPPORT**

Volunteer opportunities are available Monday through Friday, 8:30 AM to 5:00 PM. Office Volunteers are asked to commit to a minimum of three hours a week or 12 hours a month. Emphasis is placed on selecting a consistent time to volunteer (i.e., every Tuesday afternoon). Training in all areas of the office's day-to-day operations is provided. We do ask that volunteers be familiar with word processing and comfortable making/answering phone calls.

_____ **COMMUNICATIONS**

Special projects such as the Donor Newsletter, Public Relations, Speaker's Bureau requires prior experience. Volunteer's works independently or in committee responsibilities are met. Examples of volunteer activities include writing articles for the newsletter, making speeches, writing press releases, designing layout and typesetting, etc. This type of volunteer work requires availability during the evenings and on some weekends.

_____ **WISH VOLUNTEERS**

Wish Volunteers work directly with children and their families to ascertain and plan wishes. This position requires additional training and commitment of one year or more. Volunteers are required to complete a reference check, background check and the necessary training sessions.

WHAT QUALIFICATIONS DO YOU POSSESS THAT WOULD MAKE YOU A GOOD MATCH FOR THESE POSITIONS?
