



Make-A-Wish Foundation® of Central and Northern Florida

# VOLUNTEER APPLICATION

Thank you for your interest in becoming a volunteer for the Make-A-Wish Foundation® of Central and Northern Florida. We are pleased that you have considered exploring the possibilities within our Foundation. Please return this form to:

Make-A-Wish Foundation of Central and Northern Florida  
 Attn: Stephanie Smith, Volunteer Coordinator  
 1020 N. Orlando Ave., Suite 100  
 Maitland, FL 32751  
 Office: 407.622.4673 x201  
 Fax: 407.622.5803  
[ssmith@wishcentral.org](mailto:ssmith@wishcentral.org)  
[www.wishcentral.org](http://www.wishcentral.org) (Local Website)

*For office use only:*

<b>Date Received:</b>	
<b>Date Entered in RE:</b>	

**ALL INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL**

## General Information

*Please print legibly*

<b>Individual Information</b>					
<b>Date:</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>County:</b>	
<b>Home Phone:</b>			<b>Marital Status:</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? \_\_\_\_\_

In case of emergency, whom should we contact?

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

Do you speak any foreign languages?

<b>Please list:</b>	
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For the purpose of running a criminal background check, PLEASE fill in the following information:

<b>Date of Birth:</b>	
<b>Social Security Number:</b>	

## Volunteer Interest

Please indicate the volunteer position(s) in which you are interested. More detailed volunteer position descriptions are available at your request from the Volunteer Coordinator.

<b>Wish Granter (must be 21 yrs old)</b>	Wish Granters work directly with the children and families to determine the child's one true wish and then play an instrumental role in helping to plan, create, and fulfill the child's wish. <i>(Training required)</i>
<b>Fundraising/Special Events</b>	Events include golf tournaments, galas, walks, and much more! Day-of-the-event activities range from live & silent auction support to helping with registration.
<b>Office Support</b>	Assist with office duties, administrative tasks, and special projects.
<b>Speaker's Bureau</b>	Increase awareness of the Make-A-Wish® Foundation by speaking from your own personal experience at local schools, fundraising events, volunteer fairs and interest groups. <i>(Training required)</i>
<b>Airport Greeter</b>	Welcome Wish Families from around the world to the Florida area at many different airports.
<b>Committee Member</b>	Committee volunteers work together to ensure that our annual signature events are successful.
<b>Kids for Wish Kids</b>	This program is geared towards students (elementary thru graduate students) looking for community service/involvement with the primary focus of fundraising to make more special wishes come true.
<b>Internships</b>	Internships provide college students with hands-on learning opportunities in a non-profit environment.

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 (attach an additional sheet if necessary):

# 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>Position/Duties:</b>			
<b>Contact Name:</b>			
<b>Phone Number:</b>			

**\*If you would like to include additional information about yourself, please attach a sheet to this application.\***

Have you ever been asked to relinquish a volunteer position?

 Yes

 No

If yes, please explain:

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## Personal References

Please provide complete information for two non-family references:

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

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

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

**Make-A-Wish Foundation® of Central and Northern Florida**  
**Volunteer Commitment Statement**

This form explains and clarifies the mutual commitment between yourself and the Make-A-Wish Foundation®.

As a community volunteer and representative of the Foundation, you are the primary contact to our Wish Families, our donors and the community. We are entrusting you with the critical nature of our mission and trusting you to protect the best interest of the Foundation in all ways. By signing, you acknowledge your understanding of and commitment to these expectations through the next 12 months. By signing, we in return acknowledge our commitment to you and understand that you are entitled to certain expectations of the Foundation as well.

As a volunteer and representative of the Make-A-Wish Foundation®, I understand that I am committing to:

- Work constructively as part of a team, with other volunteers and staff.
- complete the appropriate training needed to conduct my volunteer responsibility (Wish Granters are required to be re-trained every 3 years).
- Read all Foundation publications to stay up to date on Make-A-Wish policies and practices.
- Adhere to Make-A-Wish performance standards, guidelines, ethical standards and code of conduct.
- Place the best interest of the Foundation above my own personal feelings while volunteering.
- Represent Make-A-Wish professionally and positively to volunteers, donors, wish families, and the public.
- Notify the Foundation if I have a change of address, phone number, or e-mail address.
- Return phone calls within 48 hours whenever possible.
- Be fiscally responsible and budget-minded when conducting Make-A-Wish business.
- Respect the confidentiality and privacy of wish families and donors.
- Work to resolve conflicts with other volunteers and staff in a positive, productive manner.
- Give and receive constructive feedback in a positive manner.
- Notify the Foundation of any potentially unethical situation involving myself or other volunteers.
- Avoid using my Make-A-Wish contacts to benefit myself or another organization or business.

As part of this mutual commitment, we commit to:

- Recognizing that volunteers are vital to our mission and are extremely important representatives of the Make-A-Wish Foundation.
- Deliver the same respect and courtesy as donors, wish families, and staff.
- Respecting that volunteers have busy lives outside of Foundation business.
- Provide you with appropriate and thorough training, proper tools and instructions.
- Provide a Volunteer & Wish Granting Handbook with information, performance standards, and code of conduct.
- Provide constructive feedback and coaching, and meaningful recognition programs.
- Be professional and courteous at all times and appreciative and respectful of your time.
- Return phone calls within 48 hours whenever possible.
- Work to resolve conflicts in a positive and productive manner.
- Provide communications that keep you informed of events, training, and opportunities.

**Applicant Signature:**

**Date:**

# **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](http://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 recuse 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.***

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Print name

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Signature

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Date

**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 and Northern Florida?</i>	
<i>Please list any skills and/or expertise you would be willing to share with the Make-A-Wish Foundation.</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>	

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**I have read and signed the Volunteer Commitment Statement and the Conflict of Interest and Ethics Statement for the Make-A-Wish Foundation of Central and Northern Florida and agree to conduct myself in compliance with the rules, regulations, policies and procedures set forth.**

**In addition, I hereby give the Make-A-Wish Foundation permission to conduct a criminal background check as mandated by the Make-A-Wish Foundation of America. I also agree to disclose any future criminal charges, convictions and/or violations.**

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