



**CENTRAL & NORTHERN  
FLORIDA CHAPTER**

**Volunteer Application**

Thank you for your interest in the  
 Make-A-Wish Foundation® of Central and Northern Florida.  
 We are pleased that you have considered exploring the possibilities of volunteer opportunities with our  
 Foundation. Please take a few moments to answer these questions and return this form to:

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

Pamela Pinder, Volunteer Coordinator  
 1020 N. Orlando Ave. Suite 100  
 Maitland, FL 32751  
 Office: 407-622-4673  
 Fax: 407-622-5803

[www.wishcentral.org](http://www.wishcentral.org) (Local Website)  
[www.wish.org](http://www.wish.org) (National Website)

**For Office Use Only:**

<b>VOLUNTEER</b>		<b>OFFICE</b>	
<b>Name</b>	<b>County</b>	<b>Training Dates:</b>	
		<b>Wish Granter Training Date</b>	
		<b>Wish Granter Retraining Date</b>	
<b>Date of Application</b>	<b>Background Fee</b>	<b>Fund Raising Training Date</b>	
		<b>Airport Greeter Training Date</b>	
<b>Additional Information</b>		<b>Speakers Bureau Training Date</b>	

**ALL INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL**

## Personal Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

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

(Fill out only if we can call you at work)

E-mail address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Have you ever been convicted of a DUI or had your license suspended: \_\_\_\_\_

If yes, when? \_\_\_\_\_ Do you have reliable transportation: \_\_\_\_\_

What states have you lived in within the last three years: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

### Please check the aspects of volunteering that interest you the most:

Wish Granting\*: \_\_\_\_\_ Fundraising/Special Events: \_\_\_\_\_ Office Support: \_\_\_\_\_

Public Speaking \_\_\_\_\_ Airport Greeter \_\_\_\_\_ Other: \_\_\_\_\_

Which foreign languages do you speak? \_\_\_\_\_

**\*You must be 21 years old and pass a background check to be a Wish Granter**

**Volunteer History:** (Please list beginning with present or most recent experience)

Organization Name \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Responsibilities: : \_\_\_\_\_

Organization Name \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Responsibilities: : \_\_\_\_\_

Organization Name \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Responsibilities: : \_\_\_\_\_

**Personal References**

Please provide three non-family references:

- Attached are three reference letters to be distributed to three different non-family references of your choosing. ***Make sure that you look closely at each of the three reference letters attached to this application. Please check the appropriate box at the top of each letter so that your references know which office to mail their letter. If you have any questions regarding your region, please call for clarification.*** Please have your references fill out their respective forms to the best of their ability and mail or fax the form back to the indicated address/fax number.

**Briefly explain your expectations for being a Make-A-Wish® Volunteer:**

\_\_\_\_\_

\_\_\_\_\_

**Volunteer Agreement**

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 history 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.

Volunteer 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

# **Make-A-Wish Foundation<sup>®</sup> of Central and Northern Florida**

## **Volunteer Commitment Statement**

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

*The Make-A-Wish Foundation<sup>®</sup> of Central and Northern Florida grants the wishes of children with life-threatening medical conditions, to enrich the human experience with hope, strength, and joy.*

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<sup>®</sup>, 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.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_



Please fill out the following and return or fax this form to the following address:

Make-A-Wish Foundation
Attn: Pamela Pinder, Volunteer Coordinator
1020 N. Orlando Ave. Suite 100
Maitland, FL 32751
Fax: 407-622-5803

By answering the following questions, you will help us assess the qualifications of this prospective volunteer. Our organization is dedicated to fulfilling the wishes of children with life-threatening illnesses and information provided by you is appreciated and will be kept confidential. Thank you for your time and participation.

Sincerely,

Pamela Pinder
Volunteer Coordinator

Name of Person you are referring: \_\_\_\_\_

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Relationship to individual: \_\_\_\_\_ Length of relationship: \_\_\_\_\_

What are his/her best qualifications in regard to children? \_\_\_\_\_

- Dependability: Very Dependable, Generally reliable, Often disappoints, Irresponsible
Cooperation: Exceptional, Cooperative, Causes friction, Troublemaker
Initiative: Industrious, Conscientious, Indifferent, Lazy
Attendance: Excellent, Seldom misses, Often misses, Chronic absentee

In a sentence, please describe the potential volunteer's best quality: \_\_\_\_\_

Is there anything that you are aware of that would not make this person a suitable volunteer for the Make-A-Wish Foundation®?

Please feel free to offer comments about this potential volunteer that may be of interest to the Make-A-Wish Foundation®.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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

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