



Make-A-Wish Foundation® of Central & Western North Carolina

# VOLUNTEER APPLICATION



Thank you for your interest in becoming a volunteer for the Make-A-Wish Foundation® of Central & Western NC. We use this application during our screening process. It helps us identify the volunteer position that is best for you and one that meets a need of the Foundation. **In addition to completing this application, you must also process your own background check, complete Make-A-Wish University online training sessions, and attend an orientation in order to become a registered Make-A-Wish volunteer.** As part of our screening process and because we work closely with children, we perform a reference check on all applicants and a criminal background investigation on applicants over 18. Specifically, we are concerned with any legal history in regard to child abuse and/or fraud. 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 Manager with any questions regarding the volunteer application and screening process.

Please return this application to:

Lauren Baggs  
Wish and Volunteer Manager  
212 S. Tryon Street, Suite 1080  
Charlotte, NC 28281

## General Information - Please print legibly.

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

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

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

Telephone Numbers (home): \_\_\_\_\_ (cell): \_\_\_\_\_ (work): \_\_\_\_\_

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

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

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

E-mail address: \_\_\_\_\_ May we contact you at work?  Yes  No

In case of emergency, whom should we contact?

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

What position are you applying for?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Wish Granter                   | <input type="checkbox"/> Special Events/Fundraising | <input type="checkbox"/> PR/Marketing       |
| <input type="checkbox"/> Volunteer Leadership           | <input type="checkbox"/> Speakers Bureau            | <input type="checkbox"/> Grant Writing      |
| <input type="checkbox"/> Office/Clerical                | <input type="checkbox"/> Board Member               | <input type="checkbox"/> Kids For Wish Kids |
| <input type="checkbox"/> Other (Please describe): _____ |   |   |

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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

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**Volunteer History** - Do you have volunteer experience?  Yes  No *If yes, please list, beginning with present or most recent experience.*

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

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

Position and Responsibilities: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

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

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

Position and Responsibilities: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

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

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

Position and Responsibilities: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

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Please list any additional skills, talents you are willing to share with MAW (for example: bilingual, enjoy crafts, grant-writing etc.)

**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 have parent/guardian sign below.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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## **Adult Volunteer Consent and Release** **Make-A-Wish Foundation® of Central & Western North Carolina**

**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.**

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I hereby authorize the Make-A-Wish Foundation of Central & Western North Carolina to schedule and complete a personal background check including a criminal history search, and if required, with notice from the Foundation, a past and present credit history report.

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: \_\_\_\_\_

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.***

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NOTE: If your home address, employer, telephone number(s), or e-mail address has changed in the past year, please provide updated information: \_\_\_\_\_