



GREATER OHIO, KENTUCKY &  
INDIANA CHAPTER

## VOLUNTEER APPLICATION

### Make-A-Wish Foundation® of Greater Ohio, Kentucky & Indiana

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

Thank you for your interest in the Make-A-Wish Foundation®. We are pleased that you have considered exploring the possibility of volunteering with our Foundation.

The attached application will assist us in helping you discover the volunteer positions(s) best suited to your abilities and aspirations. You must complete and return this form to the Foundation office before you will be eligible for training and placement.

**Because Make-A-Wish is an organization which works closely with children, we perform a criminal background investigation on all of our volunteers.** All the information in this application and acquired through a background investigation will remain confidential and be used only for Foundation purposes. We ask that you donate the \$20.00 to cover the cost of this background check. Without your assistance, our chapter would spend thousands of dollars each year on processing background checks alone.



## VOLUNTEER APPLICATION

Date Completed: \_\_\_\_\_

### HOME INFORMATION

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

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_ County: \_\_\_\_\_

### WORK INFORMATION

Employer: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

May we contact you at work?  Yes  No

May we contact your employer?  Yes  No

To which address would you like your mail sent?  Home  Work

### PREVIOUS EMPLOYMENT HISTORY

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

Length of Employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

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

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

Length of Employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**PERSONAL REFERENCES**

*Please list the names of the individuals who we may contact. Appropriate individuals are former employers, teachers, administrators of other volunteer programs, etc. References should not be family members or significant other. If available, please feel free to include letters of reference with your application.*

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

Phone: (\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

**VOLUNTEER EXPERIENCE**

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

Volunteer Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Volunteer Position: \_\_\_\_\_ Date: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

*If yes, please explain here:*

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## VOLUNTEER INTERESTS

*Please list in order of preference the top three positions in which you are interested in volunteering:*

- \_\_\_\_\_ **Wish Granter**—works directly with the wish child and family to ascertain and plan the wish. Makes monthly contact with family until the wish has been completed. Informs Wish Program Manager of changes in the child's condition or family situation. Assists the Wish Program Manager in obtaining in-kind donations for goods and services related to the wish. (6-8 hours per wish; 1-3 wishes per year)
- Willingness to travel: Counties: \_\_\_\_\_ or  Up to 25 miles  25-50 miles  As needed
- \_\_\_\_\_ **Non-Speaking Wish Specialist**—receives additional training to gain experience on how to communicate with children who are non-speaking. Accepts wishes where child is non-speaking. (6-8 hours per wish; wishes vary)
- \_\_\_\_\_ **Wish Greeter**—supports the family when they arrive at or return to the airport. Must be familiar with the airport and be able to provide assistance to the family as needed. May meet families coming from out of town at hotel or during wish as needed. (1-2 hours per month)
- \_\_\_\_\_ **Speakers Bureau**—volunteers with more than one year's experience may be invited to represent the Foundation at various community and external events with general information materials. This volunteer role requires additional training.
- \_\_\_\_\_ **Special Event Committee**—supports the Chapter by serving on the planning committee for special events. Takes an active role in helping to coordinate activities and meet the needs of the activity. (2-3 hours per month leading up to the event)
- \_\_\_\_\_ **Special Events Crew**—supports the Chapter as a member of the crew that sees that an event operates smoothly. This may include greeting participants, registration, set up, clean up or other duties as needed. (2-6 hours the day of the event)
- \_\_\_\_\_ **Special Event Participant**—supports the Chapter as an active participant of the event. This may include getting together a team for the walk, golfing in a sponsored foursome, or bidding on items at an auction. (2-6 hours the day of the event)
- \_\_\_\_\_ **Students for Wish Kids Coordinator**—supports the Chapter through the coordination of Students for Wish Kids program within their district. Acts as a contact for student liaisons and schools. May represent the Chapter at check presentations as directed by the Regional Office. (Up to 12 hours per month)
- \_\_\_\_\_ **Student Liaison**—supports the Chapter by acting as the contact at a local school who is willing to participate in the Students for Wish Kids program. (1-2 hours per month during the school year)
- \_\_\_\_\_ **Regional Assistant**—support the Regional staff through supporting daily activities within the office. This may include data entry, bulk mailings, processing wish eligibility, assisting in the coordination of wishes, preparation for internal events or other duties as needed. May also be used as a college internship. (approximately 2-10 hours per week)
- \_\_\_\_\_ **Internship**—please contact your local office to obtain additional necessary paperwork.

## EMERGENCY CONTACT

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

Day phone: (\_\_\_\_) \_\_\_\_\_ Night phone: (\_\_\_\_) \_\_\_\_\_

## TIME AVAILABILITY

When are the best times for you to perform your volunteer work?

- Monday – Friday  Daytime  Weekends  Evenings

## SKILLS

Please indicate which skills you would like to share as a volunteer.

- Sign Language     Foreign Languages (please indicate) \_\_\_\_\_     Fundraising
- Volunteer leadership
- Technical Trade (please indicate) \_\_\_\_\_
- Computer Skills (please indicate programs) \_\_\_\_\_
- Entertainment Skills (please indicate) \_\_\_\_\_     Public Speaking
- Additional Skills \_\_\_\_\_

## GUIDELINES FOR VOLUNTEERS

The following guidelines apply to those interested in being a volunteer with the Make-A-Wish Foundation<sup>®</sup> :

- All volunteers with the Make-A-Wish Foundation must be registered. To achieve registration, this application must be completed and returned with a non-refundable administrative fee of \$20.00 to assist in the price of background check.
- All volunteers' consent forms will be forwarded to the proper authorities for a criminal background check, any infraction may be grounds to discontinue the volunteer process. Make-A-Wish Foundation National policies state that we must update background checks every three years. At that time in order for us to process your information, you will be asked to sign the consent and release form. A donation of \$20.00 will be requested again to offset our cost for the background check.
- All wish-granting volunteers must be at least 18 years of age.
- All volunteers must agree to maintain the confidentiality of all information gathered through their association with the Make-A-Wish Foundation<sup>®</sup>.
- All volunteers must participate in a volunteer training and agree to work as part of a team.
- All volunteer positions are filled on an as-needed basis
- All volunteers must abide by the policies of this Chapter of the Make-A-Wish Foundation<sup>®</sup> of Greater Ohio, Kentucky & Indiana and the Make-A-Wish Foundation of America.
- All volunteers have a shared responsibility with the staff to use Foundation resources wisely, to assist in the raising of funds through in-kind donations and external events, and to develop Foundation relationships.
- Any volunteers leaving the organization will be given an opportunity for an exit interview at their request.
- The Regional Staff in consultation with the Manager of Volunteer Programs may remove a volunteer from active status at any time.

## VOLUNTEER AGREEMENT

I have read and understand the guidelines for volunteers for the Make-A-Wish Foundation and I agree to conduct myself in compliance with the rules and procedures set forth. In addition, I hereby give the Make-A-Wish Foundation permission to contact any and all of the listed references.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## VOLUNTEER CONSENT AND RELEASE

Working as a volunteer for the Make-A-Wish Foundation<sup>®</sup> upholds considerable responsibility. You shall be entrusted with valuable assets of the Foundation, but more importantly, our first priority, our wish children and their families. As a condition of your service as a volunteer, we will perform a criminal background investigation. Inquires into criminal backgrounds are necessary and are being posed solely for the potential of ensuing relationships with wish children and their families. Your participation in this process is voluntary. However, if you choose not to sign this release, you will be eliminated as a candidate for volunteer work with the Foundation. **Background checks must be updated every three years.** We will send you a consent and release form to sign at that time and also request \$20.00 donation to offset our additional costs.

### BACKGROUND INFORMATION

Are you currently charged with a criminal offense, including but not limited to criminal neglect, abuse, or assault?  Yes  No

Have you ever been convicted of a criminal offense, including but not limited to criminal neglect, abuse, or assault?  Yes  No

If yes, what offense and where? \_\_\_\_\_

Has your driver's license ever been suspended or revoked in this or any other state?  Yes  No

If yes, what are the circumstances? \_\_\_\_\_

Have you lived in your current county for the last five years?  Yes  No

If no, where else have you lived? \_\_\_\_\_

### ALL INFORMATION PROVIDED WILL BE CONFIDENTIAL.

I have completed and reviewed this entire form and attest that the information provided is true and complete.

I hereby authorize the Make-A-Wish Foundation to schedule and complete a personal background check, and agree to promptly disclose any future criminal convictions.

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City County State

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License State: \_\_\_\_\_ Number: \_\_\_\_\_

Current Address \_\_\_\_\_  
\_\_\_\_\_

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

Print Name: \_\_\_\_\_

# 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 the commission of 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

***Please return completed application to your local Make-A-Wish office:***

**Northeast Ohio office**

The Hanna Building  
1422 Euclid Avenue, Suite 239  
Cleveland, OH 44115-1901  
Phone: (216) 241-3670 or (888) 272-WISH  
Fax: (216) 241-3618  
E-mail: neohio@makeawishohio.org

**Central Ohio office**

2545 Farmers Drive, Suite 300  
Columbus, OH 43235  
Phone: (614) 923-0555 or (877) 206-WISH  
Fax: (614) 923-0573  
E-mail: centralohio@makeawishohio.org

**Southern Ohio office**

10260 Alliance Rd., Suite 200  
Cincinnati, OH 45242  
Phone: (513) 745-9474 or (888) 441-WISH  
Fax: (513) 745-9660  
E-mail: southohio@makeawishohio.org

**Kentucky office**

9502 Williamsburg Plaza, Suite 100  
Louisville, KY 40222  
Phone: (502) 327-0705 or (866) 487-WISH  
Fax: (502) 327-0706  
E-mail: kentuckymaw@makeawishky.org

**Indiana office**

7330 Woodland Drive, Suite 201  
Indianapolis, IN 46278  
Phone: (317) 636-6060 or (877) 872-2756  
Fax: (317) 636-2445  
E-mail: Indiana@makeawishindiana.org