



Make-A-Wish Foundation® of South Carolina
VOLUNTEER APPLICATION

Thank you for your interest in becoming a volunteer for the Make-A-Wish Foundation® of South Carolina. This application will help us identify the volunteer position that is best for you and the needs of the Foundation. Because we work closely with children, we perform a reference check and criminal background investigation on all applicants. Specifically, we are concerned with any legal history in regard to child abuse, violent offenses, theft 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.

A \$10 processing fee is required at the time of this application and should be sent to the Make-A-Wish Foundation office. This fee covers the cost of the background investigation, reference checks, and orientation materials. Make checks payable to "Make-A-Wish Foundation of South Carolina." No one will be denied application due to inability to pay the processing fee. Please return this application to:

**Director of Program Services
 Make-A-Wish Foundation of South Carolina
 3520 Meek's Farm Road, Suite C
 John's Island, SC 29455
 843-853-7880 phone 843-853-7892 fax**

General Information

Please print legibly

Individual Information			
Date:			
Full Name:			
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
Home Address:			
City:		County:	
State:		Zip:	
Home Phone:	Do you speak any language other than English? If so, which one?		
Fax:			
Cell Phone:			
Email:			

Employment Information			
Employer:			
Position:			
Business Address:			
City:			
State:		Zip:	
Work Phone			
Work Email:			

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?

Name:		Phone Number:	
Relationship:			

Is there information from your employment history that you think would be relevant to your volunteer application? If yes, please list any relevant experience in the space provided.

Volunteer History

Do you have volunteer experience? Yes No

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

Organization Name:			
Dates of Service:			
Position/Duties:			
Contact Name:			
Phone Number:			

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Volunteer History Continued:

Have you ever been asked to relinquish a volunteer position?

Yes No

If yes, please explain:

Are you associated with any other charitable, civic, or business organizations?

Yes No

If yes, please list organizations:

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):

Personal or Professional References- Full address is required

Please provide COMPLETE information for three non-family references:

Name:			
Address:			
City:			
State:	Zip:	Relationship:	
Phone Number:			

Name:			
Address:			
City:			
State:	Zip:	Relationship:	
Phone Number:			

Name:			
Address:			
City:			
State:	Zip:	Relationship:	
Phone Number:			

If you would like to include additional information about yourself, please attach additional sheets to this application.

Volunteer Interest

Please indicate the volunteer position(s) in which you are interested.

Special Event Volunteer	<i>These volunteers support the granting of wishes by planning and/or staffing various fundraising or educational events. They can help obtain sponsorships and auction items, assist with duties at the event, or represent the Make-A-Wish Foundation during the event.</i>
Speakers Bureau	<i>This group of volunteers represents the Foundation at various community, business, and civic events increasing the group's level of awareness, passion, and support for our organization.</i>
Kids For Wish Kids	<i>This program empowers children and teenagers to get involved and help make dreams come true. Through fundraisers and other projects, Kids For Wish Kids fosters the value of community service by providing hands-on experience in the wish-granting process.</i>
Wish Consultant	<i>Fulfill specific assignments through special skills or interests (i.e. graphic design, public relations, marketing, translators, etc.)</i>
Office Volunteer	<i>Office volunteers assist with projects such as answering phones, sending thank you notes, entering data, and various mailings during office hours.</i>
Wish Granter	<i>Work with wish children to discover, plan, and fulfill a wish. These volunteers work in teams of two or three; use resources wisely by seeking donated goods and services; and work with the Make-A-Wish staff to make each wish a unique, magical, and memorable experience for the child and the family.</i>

Please answer the following questions.

How did you hear about the Make-A-Wish Foundation?	
Why did you choose the Make-A-Wish Foundation of South Carolina as a place to volunteer?	
Please list any skills and/or expertise you would be willing to share with the Make-A-Wish Foundation on a volunteer basis.	
Are you associated with any corporations, businesses, or organizations that might become a donor or might be willing to do fundraising projects or an event on the Foundation's behalf?	
How many hours per month would you like to volunteer?	

I have completed and reviewed this entire form and attest that the information provided is true. I am volunteering my time for personal reasons. I understand I will not be paid for my services as a volunteer and I expect no compensation. By signing below, I am agreeing to all terms, conditions, and statements listed within this application.

Applicant Signature:	Date:
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Criminal Background Check Release

ALL INFORMATION PROVIDED WILL BE CONFIDENTIAL.

Working as a volunteer for the Make-A-Wish Foundation of South Carolina requires considerable responsibility. You will be entrusted with valuable assets of the Foundation, the most important being our Wish Children and Wish Families. As a condition of your potential service as a volunteer and by completing this form and signing below, you authorize the Foundation to perform a background investigation. Inquiries into criminal backgrounds are necessary to protect the Foundation, 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 possible candidate for volunteer work with the Foundation. By signing this form, you also authorize a background investigation to be performed every three years as long as you are a registered volunteer.

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

If yes, please explain (attach an additional sheet if necessary):

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

I hereby authorize the Make-A-Wish Foundation® of South Carolina to complete a personal background check, including 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:	How long have you lived in South Carolina?	years	
	If less than 5 years please list the states you have lived in		
Full Name (please print)			

Applicant Signature:		Date:
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Volunteer Consent and Release of Make-A-Wish Foundation from Liability

Terms and Conditions

1. I hereby acknowledge that volunteer activities may involve risk of injury or harm and that I am willing to assume this risk.
2. I understand that I may decline any volunteer role or position at any point if I feel my health or well being may be jeopardized.
3. I make a commitment that I will let the Make-A-Wish Foundation of South Carolina staff know if I have a preexisting condition that should preclude my involvement in any activity that may further cause injury or aggravate any condition.
4. In consideration of my being accepted as a volunteer I hereby voluntarily and knowingly release, waive, and discharge the Make-A-Wish Foundation® of South Carolina and Make-A-Wish Foundation® of America, their Board of Trustees, employees, and volunteers from any and all liability that may result from my participation in volunteer activities for the Foundation.
5. I hereby authorize the Make-A-Wish Foundation of South Carolina staff to act on my behalf in accordance with their best judgment in case of an emergency, and agree to assume full responsibility for all medical expenses that may arise there from.
6. By signing this document, I acknowledge that I have read its contents and disclosures, that I understand its contents and disclosure, and that I agree with its terms.

Applicant Signature:		Date:
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