



VOLUNTEER APPLICATION

<i>FOR OFFICE USE:</i>	
App Rcvd: _____	Orient Date: _____
Bgck Fees: _____	BG Check: _____
Ref Chk: _____	C/E Stmt: _____
Data Entrd: _____	Misc: _____

PLEASE PRINT CLEARLY

Legal Name _____ Informal Name _____

Home Address _____ Mailing Address (ie. POBox) _____

City _____ State _____ Zip _____

Telephone Number (Home) _____ (Work) _____

(Cellular) _____ (Fax #) _____ (E-mail) _____

May we contact you at work? Yes No

Prior Address (If less than 1 yr at above address) _____

In case of emergency, who should we contact?

Name _____ Telephone Number _____

Relationship _____

Do you have any prior names or surnames? Yes _____ No

What position(s) are you interested in :

- Office Help (M-F, 9-5) Outreach Committee Holiday Party Wish Volunteer
- Spring Dinner Committee Speakers Bureau Special Events School Liaison (KFWK)
- Wedding Scroll Program Public Relations Committee

Hours available: Daytime: _____ Evenings: _____ Weekends: _____

EMPLOYMENT HISTORY: DO YOU HAVE EMPLOYMENT EXPERIENCE? Y N

If yes, please list below, beginning with present or most recent employment:

Employer Name & Address	Job Title & Responsibilities	Supervisor & Phone #	Dates

How did you hear of Make-A-Wish? _____

Do you hold a current drivers license? () Yes () No If yes, which state? _____

Have you ever had your drivers license suspended or revoked? () Yes () No

If yes, please explain _____

Volunteer Experience: Do you have any volunteer experience? () Yes () No

If yes, please list below, beginning with most recent experience first

Organization & Address	Position & Responsibilities	Supervisor & Phone #	Dates

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

If yes, please include the name of the organization and explain on the back of the attached application.

Have you ever been charged with a criminal offense, violation, child neglect, child abuse or assault? () Yes () No

Have you ever been convicted of any of the above in any jurisdiction? () Yes () No

If yes, to either of the above two questions, please explain on the back of the attached application.

Do you agree to disclose any future criminal convictions or violations? () Yes () no

Personal References Please provide three non-family references (complete addresses please)

NAME	ADDRESS	PHONE#	RELATIONSHIP

If you would like to include additional information about yourself, include an additional sheet of paper.

I HAVE COMPLETED AND REVIEWED THIS ENTIRE FORM AND ATTEST THAT THE INFORMATION PROVIDED IS TRUE.

Applicant Signature _____ Date _____

If applicant is under 18 years of age, please complete the following:

Parent/Guardian signature _____ Date _____

Applicant's Birth date _____

**Please bring this application form with background check fee of \$20 to the orientation meeting at:
Make-A-Wish Foundation® of Suffolk County 1 Comac Loop, Suite 1A1, Ronkonkoma, New York 11779**

Make-A-Wish Foundation® of Suffolk County
Adult Volunteer Consent and Release

Full Name _____

Position Applied For _____

*The volunteer position you have applied for upholds considerable responsibility. You shall 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 will perform a background investigation. Inquiries into criminal backgrounds are necessary and are being posed solely because of the potential for ensuing the 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 possible volunteer for the Make-A-Wish Foundation® of Suffolk County. Because we are a non-profit organization and 100% donor reliant, we ask you to assist us by covering the \$20.00 cost for a one-county background check.*

ALL INFORMATION PROVIDED WILL BE CONFIDENTIAL

I HEREBY AUTHORIZE THE MAKE-A-WISH FOUNDATION® OF SUFFOLK COUNTY, NY, INC. TO SCHEDULE AND COMPLETE A PERSONAL BACKGROUND CHECK, WHICH INCLUDES A CRIMINAL HISTORY.

Date of Birth _____ Place of Birth _____

Social Security Number _____ - _____ - _____

Driver's License Number _____ State _____

Signature _____ Date _____

Print Name _____

Photocopy of license:



Annual Conflict of Interest and Ethics Assurance Statement

As an employee or volunteer of the Make-A-Wish Foundation of America (the "Foundation"), I have an obligation to the Foundation and the constituencies it serves to comply with the highest standards of ethical conduct, including those set forth in the Foundation's "Statement of Values, Code of Ethics and Conflict of Interest Policy." 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 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 and by the Make-A-Wish Foundation's Statement of Values, Code of Ethics and Conflict of Interest Policy.

Print name

Signature

Date