

Volunteer Application

Make-A-Wish Foundation® of Hawaii

Please note that certain volunteer positions require completion of a criminal background check every three years.

Please print legibly

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #s (home): _____ (work): _____ (cell): _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

May we contact you at work? Yes No

In case of emergency, who should we contact?

Name: _____ Telephone Number: _____

Relationship: _____

What position are you applying for?

- Board Member Wish Granter Special Events
 Office/Clerical Other (Please describe): _____
-

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

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: _____

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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: _____

Personal References

Please provide three non-family references:

Name: _____
Address: _____
Telephone Number: _____ Relationship: _____

Name: _____
Address: _____
Telephone Number: _____ Relationship: _____

Name: _____
Address: _____
Telephone Number: _____ Relationship: _____

If you would like to include additional information about yourself, please do so on the back of this form.

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 complete the following section.

Parent/Guardian Signature _____ Date _____

Adult Volunteer Consent and Release

Make-A-Wish Foundation® of Hawaii

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.

I hereby authorize the Make-A-Wish Foundation of HAWAII to schedule and complete a personal background check, including a 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: _____

Driver's License Number: _____ State: _____

Signature: _____ Date: _____

Return form to: Make-A-Wish Foundation® of Hawaii

P.O. Box 1877

Honolulu, HI 96805