

# Make-A-Wish Foundation® of Maine

## Class I Volunteer Application

Comp		Ref 1	
COI		Ref 2	
B ✓		Ref 3	

### General Information

Name: (first) \_\_\_\_\_ (middle) \_\_\_\_\_ (last) \_\_\_\_\_

List any prior names used: \_\_\_\_\_

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

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

Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

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

Work Address \_\_\_\_\_

May we contact you at work?  Yes  No Work Phone \_\_\_\_\_

e-mail \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you hold a current driver's license?  Yes  No State: \_\_\_\_\_

### Volunteer Information

How did you hear about the MAWF? \_\_\_\_\_

Volunteer Experience: (organization, nature of service, dates) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special skills, training, hobbies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Education: (list highest grade/degree completed) \_\_\_\_\_

The best time for me to volunteer is:  Days  Evenings  Weekends

\_\_\_\_\_

Areas of Interest:  Wish Granting  Wish Ambassador  Wish Assistant

Walk for Wishes  Special Events Volunteer

\_\_\_\_\_

\_\_\_\_\_

Are you completing this form for a particular project?  Yes  No

If yes, which project? \_\_\_\_\_

\_\_\_\_\_

Give us a short description of yourself and how or why you would like to participate in MAW: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have access to/contacts for products or services that could be useful to the Foundation? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Background Information

Do you currently use illegal drugs?  Yes  No

Are you currently charged with a crime involving violence, fraud or moral depravity?  Yes  No

Have you ever been convicted of a crime involving violence, fraud or moral depravity?  Yes  No

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Please continue on and complete the reverse side of this form before returning it to the  
Make-A-Wish Foundation of Maine.

**Adult Volunteer Consent and Release**

*The Make-A-Wish Foundation<sup>®</sup> of America requires each volunteer who has direct contact with children, access to confidential information, or access to chapter funds, to have a completed criminal background check on file that shall be repeated at a minimum of every three years. These background checks as well as your application will be kept confidential.*

I hereby authorize the Make-A-Wish Foundation<sup>®</sup> of Maine to schedule and complete a criminal background check and to contact my references listed below.

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

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Place of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_

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

**References**

Please provide three non-family references with **complete** mailing addresses:

Name & Address: \_\_\_\_\_

\_\_\_\_\_  
Name & Address: \_\_\_\_\_

\_\_\_\_\_  
Name & Address: \_\_\_\_\_

\_\_\_\_\_  
Please state on the following lines your employment history including company names, supervisor names, work addresses and telephone numbers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any personal interests or hobbies that may bring additional benefits to the organization or help us identify the best position for you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return form to:**  
Make-A-Wish Foundation<sup>®</sup> of Maine  
477 Congress Street, Suite M1, Portland, ME 04101  
207-221-2306  
207-221-2028 (fax)