

Make-A-Wish Foundation® of Maine Class II Volunteer Application

General Information

Name: (first) _____ (middle) _____ (last) _____

Home Address: _____

City: _____ State: _____ Zip: _____

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

Birthdate: ____ / ____ / ____ Email: _____

Occupation: _____ Employer: _____

Work Address _____

May we contact you at work? Yes No

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: _____

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

Areas of Interest: Walk for Wishes Office/Clerical

Special Events Fundraising

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

If yes, which project? _____

Are you interested in other volunteer opportunities? Yes No

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

I HAVE READ THE INFORMATION THAT I HAVE PROVIDED AND IT IS TRUE.

Signature: _____ Date: _____