

Volunteer Application

Make-A-Wish Foundation® of Rhode Island _____

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 Numbers (home): _____ (work): _____

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: _____

Organization Name: _____

Address: _____

Position and Responsibilities: _____

Supervisor's Name and Title: _____ Telephone Number: _____

Dates of Service: _____

Organization Name: _____

Address: _____

Position and Responsibilities: _____

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 _____

Return form to the:

Make-A-Wish Foundation® of Rhode Island

757 Park Avenue

Cranston, RI 02910

Adult Volunteer Consent and Release

Make-A-Wish Foundation® of Rhode Island

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.

Complete this section with the assistance of a designated Make-A-Wish Foundation Representative.

I hereby authorize the Make-A-Wish Foundation of Rhode Island 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: _____

Make-A-Wish Foundation®
Conflict of Interest and Ethics Statement

As an employee/volunteer of the Make-A-Wish Foundation, I have an obligation to the organization I serve, to the general public, and to myself to maintain the highest standards of ethical conduct. I will not commit acts contrary to these standards nor will I condone the commission of such acts by others within the Foundation. I have a responsibility to:

Confidentiality

- Keep confidential information confidential unless legally obligated to do otherwise.
- 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.

Conflict Of Interest

- Avoid direct or indirect, actual or apparent, conflicts of interest and advise all appropriate parties of any potential conflict, e.g.:
 - a. A Make-A-Wish representative's personal business provides goods or services to the Make-A-Wish Foundation for consideration.
 - b. A friend or relative of Make-A-Wish representative provides goods or services to the Make-A-Wish Foundation for consideration.
 - c. A vendor or business acquaintance with whom a Make-A-Wish representative has an outside business relationship provides goods or services to the Make-A-Wish Foundation for consideration.
- Refrain from engaging in any activity that would prejudice my ability or the ability of others to carry out duties ethically.
- Refuse any gift, favor, or hospitality that would influence or would appear to influence my actions or the actions of others, e.g. a Make-A-Wish representative receives a referral fee or preferential discount, gift, or other valuable consideration from a vendor, paid promoter, fund-raising event sponsor, or any other outside party, for referring Make-A-Wish business to such party.

Legal Assurance

- Submit to a criminal background check every three years.
- Report any present, past, or future allegations of criminal activities, criminal investigations, arrests, and/or convictions involving myself.

Integrity

- Refrain from violating any criminal or civil law or regulation.
- Refrain from either actively or passively subverting the attainment of the Foundation's legitimate and ethical objectives.
- Refrain from engaging in or supporting any activity that would discredit the Foundation.
- Perform my duties in accordance with relevant laws, regulations, Foundation policies and standards.
- Represent the interests of all people served by this organization and not favor special interests inside or outside the organization.

I _____, attest and agree to be bound by the foregoing standards. I have not been party to an unethical or conflicting action that has not been previously disclosed. I also agree to report any potential future conflicts of interest or observed unethical activity of which I have become aware to the appropriate parties. I do not currently have pending against me any criminal proceedings, nor have I been placed under arrest for or been convicted of a criminal offense within the past year.

Signature

Date

Make-A-Wish Foundation®
Conflict of Interest and Ethics Statement

AUTHORIZATION AND RELEASE
FOR
CRIMINAL BACKGROUND INVESTIGATION

I, _____, of _____
(name) (street address)
_____, do hereby authorize the Attorney General's Office of the State
(city, state, zip)

of Rhode Island to release to the Make-A-Wish Foundation® of Rhode Island, any and all records relating to my criminal background, and I hereby release the Make-A-Wish Foundation® and all directors, officers, and other individuals connected therewith from any and all liability for any damages related thereto. I have attached hereto a copy of my driver's license.

My date of birth is: _____

My driver's license number is: _____

(Signature of volunteer applicant) (Date)

STATE OF RHODE ISLAND
COUNTY OF _____

Subscribed and sworn to before me on this _____ day of _____, 20_____

(Notary Public)