



Teen Volunteer Application

Applicant Information		
<input type="checkbox"/> Applying for Teen Board Position		
Name:		
Date of birth:	SSN:	
Current address:		
City:	State:	ZIP Code:
Drivers License #	Expiry:	
Home Phone:	Cell Phone:	
E-mail:		
Employment Information (if applicable) otherwise indicate (N/A)		
Current employer:		
Employer address:	How long?	
City:	State:	ZIP Code:
Phone:	Fax:	
E-mail:		
Position:	Responsibilities:	
Emergency Contact		
Name of parent or guardian:		
Address:	Phone:	
City:	State:	ZIP Code:
Relationship:		
Foreign Language / Cultural Familiarities		
Language:		
Fluency:	Cultural:	Religion:
Current Education		
Current school:		
School address:	How long?	
Phone:	Fax:	
Email:		
City:	State:	ZIP Code:
Grade level:		

References (supply two); one reference must be from your school or church

Name	Address	Phone

Interests

Outside the teen board duties, tell us in which areas you are interested in volunteering

- | <u>Administrative</u> | <u>Promotional</u> |
|--|--|
| <input type="checkbox"/> Thank you notes | <input type="checkbox"/> Speak at schools |
| <input type="checkbox"/> Event Coordination | <input type="checkbox"/> Parades |
| <input type="checkbox"/> Writing Wish Stories | <input type="checkbox"/> Walks/Runs |
| <input type="checkbox"/> Teen Newsletter | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Teen Parties | <input type="checkbox"/> Promotional Dinners |
| <input type="checkbox"/> Prepare Wish Bags | <input type="checkbox"/> Serve on Teen Board |
| <input type="checkbox"/> General Office Duties | <input type="checkbox"/> Flyer Distribution |
| <input type="checkbox"/> Graphics / Design | <input type="checkbox"/> Golf Tournaments |
| <input type="checkbox"/> Product Donations | <input type="checkbox"/> Garage/Bake Sales |

Availability

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Describe school / community project involvement

Brief Essay

Summarize what you hope to get out of your involvement with **Wishes & More™**

Agreement, Photo and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I authorize the verification of the information provided on this form as to my education enrollment, character references and employment. I have received a copy of this application.

Note: Please affix a copy of your driver's license. If you are not licensed provide a school picture. Applicant must supply a SSN# or DL#, but not both.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

This will be a great experience!!! As rewarding for you as it is for the Wish Child.