



Volunteer Information Form

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

HOME PHONE: () _____ WORK PHONE: () _____

E-MAIL: _____ FAX: () _____

EMPLOYER: _____

ADDRESS: _____

BRIEF EMPLOYMENT HISTORY: _____

MAY WE CONTACT YOU AT WORK? ___ NO ___ YES

IF SO, WHAT IS THE BEST TIME? _____

HAVE YOU EVER BEEN ARRESTED? ___ NO ___ YES

IF YES, WERE YOU CONVICTED? _____

HOW DID YOU HEAR ABOUT A WISH WITH WINGS? _____

WHY WOULD YOU LIKE TO BECOME INVOLVED WITH A WISH WITH WINGS? _____

OTHER VOLUNTEER WORK: _____

OTHER COMMUNITY INVOLVEMENT AND OFFICES HELD: _____

PLEASE LIST ANY SPECIAL SKILLS OR HOBBIES: _____

TIME YOU CAN VOLUNTEER WEEKLY _____ MONTHLY _____ BEST DAY(S) _____

TYPE OF VOLUNTEER WORK YOU ARE INTERESTED IN: _____

WORKING IN THE OFFICE _____ MAKING TELEPHONE CALLS _____

FUNDRAISERS _____ PLANNING & DEVELOPING FUNDRAISERS _____

HOME & GARDEN SHOW BOOTH _____

WOULD YOU BE INTERESTED IN HEADING A COMMITTEE? ___ YES ___ NO

WOULD YOU BE INTERESTED IN BEING ON THE BOARD OF DIRECTORS?

___ YES ___ NO ___ PERHAPS

DO YOU HAVE ANY IDEAS FOR FUNDRAISERS OR WAYS TO KEEP THE VOLUNTEERS INVOLVED?

PLEASE LIST BELOW THE NAMES, ADDRESSES, AND DAY PHONE NUMBERS OF TWO PEOPLE WHO HAVE KNOWN YOU FOR AT LEAST TWO YEARS.

_____	_____
_____	_____
_____	_____
_____	_____

I certify that the information contained in this volunteer application is correct to the best of my knowledge. Further, I consent to my current and previous employers, and other people given as references, responding to the verbal or written request for further information. I understand that in my association with a Wish with Wings, Inc., I may from time-to-time learn of or be exposed to certain sensitive or confidential information, including but not limited to: identities of prospective wish participants, their illnesses, background information as well as identities of a Wish with Wings, Inc. sponsors or donors, and other budgetary and administrative information about a Wish with Wings, Inc. and/or its programs. To avoid embarrassment to and foster the orderly administration of a Wish with Wings, Inc. and its programs, I agree not to disclose any information learned by me in my association with a Wish with Wings, Inc. to the media or anyone else, except for my general impressions of a Wish with Wings, Inc. concept and program, and I agree to refer any inquiries about a Wish with Wings, Inc., its programs, participants, sponsors, or donors to the Executive Director or its Board of Directors for an appropriate response.

SIGNATURE: _____ DATE: _____

I understand that because a Wish with Wings endeavors to keep each child's Wish a very special and magical experience, there is seldom an opportunity for direct contact with Wish children or their families. My services as a volunteer will be primarily utilized to help raise the funds necessary to grant these Wishes.

When you have completed this form, please return it to:

***a Wish with Wings, Inc.
917 West Sanford Street
Arlington, TX 76012***

**817-469-9474 fax 817-275-6005
e.mail: wish@awishwithwings.org**