



VOLUNTEER APPLICATION

When submitting your application please include a clear copy of your driver's license. Children's Wishes volunteers are required to:

- *Submit a Volunteer Application
 - *Successfully complete a background check
 - *Attend an orientation training
-

General Information

First Name: _____ Last Name: _____

Address : _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____ May we call you here? _____

Cell Phone: _____

E-mail address: _____

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 why: _____

Do you use illegal drugs? Yes No

Work Information

Employer: _____

Street: _____ City: _____ State: _____ Zip: _____

Emergency Contact

First Name: _____ Last Name: _____

Relationship: _____

Day Phone: _____

Evening Phone: _____

Cell Phone: _____

Availability/Interests

Morning

Weekends

Afternoon

Weekdays

Evening

Which volunteer position(s) are you interested in?

Office/Clerical

Fundraising & Development

Special Events

Marketing

Board Member

Wish Granter

Other (Please describe): _____

References

Please list at least three professional references:

Name: _____ Relationship: _____

Address: _____

Telephone Number: _____

Name: _____ Relationship: _____

Address: _____

Telephone Number: _____

Name: _____ Relationship: _____

Address: _____

Telephone Number: _____

If you would like to share additional information about yourself, please do so by attaching information to this application or continuing on the space below.

Volunteer Experience

Have you volunteered before? Yes No

If yes, please list your experience below.

Organization's Name: _____ Dates: From _____ To _____
Address: _____ Telephone Number: _____
Contact's Name/Title: _____
Responsibilities: _____
Reason for ending volunteer work: _____

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Contact's Name/Title: _____
Responsibilities: _____
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Organization's Name: _____ Dates: From _____ To _____
Address: _____ Telephone Number: _____
Contact's Name/Title: _____
Responsibilities: _____
Reason for ending volunteer work: _____

I HAVE COMPLETED THIS APPLICATION AND VERIFY THAT THE INFORMATION PROVIDED IS CORRECT. I UNDERSTAND THAT CHILDREN'S WISHES PLACES VOLUNTEERS UPON THE CURRENT NEEDS OF THE ORGANIZATION AND THE VOLUNTEER'S INTEREST, ABILITIES AND AVAILABILITY. I ALSO UNDERSTAND THAT CERTAIN VOLUNTEER POSITIONS REQUIRE ADULTS (AGES 18 & UP) TO HAVE A BACKGROUND CHECK COMPLETED EVERY THREE YEARS.

Applicant Signature _____ Date _____

If the applicant is under the age of 18 years, please sign and date below.

Parent/Guardian Signature _____ Date _____

Return this application and following BCI form to:

Children's Wish Group of Rhode Island, Inc.

Attn: Volunteer Coordinator

757 Park Ave.

Cranston, RI 02910

Thank you for your interest in volunteering for the Children's Wish Group of RI, Inc.!

Authorization and Release for a Criminal Background Investigation

I, (Name) _____, of (street) _____
(city, state, zip) _____, hereby authorize the Attorney General's Office of the State of Rhode Island to provide to the Children's Wish Group of Rhode Island, Inc., any and all records relating to my criminal background information, and I hereby allow the Children's Wish Group of Rhode Island, Inc. and all directors, board members, and other individuals connected therewith released from any and all liability for any damages relating thereto. I have attached a copy of my driver's license for the completion of this investigation.

My driver's license number is: _____

My date of birth is: _____

Signature of the Volunteer Applicant: _____ Date: _____

STATE OF RHODE ISLAND COUNTY OF _____

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

Notary Public's Signature _____