

Thank you for your interest in volunteering with Make-A-Wish®. Our volunteer program is designed to give each volunteer a diverse and rewarding experience while working towards fulfilling our mission to grant the wishes of children with life-threatening medical conditions to enrich the human experience with hope, strength and joy.

#### HOW DO I BECOME A VOLUNTEER?

In order to provide the wish children and their families with the best experience possible, we require all potential volunteers to go through an assessment before becoming an active Make-A-Wish volunteer.

Volunteer paperwork takes about 2 weeks to process and approve. After your paperwork is processed, you will be contacted with detailed instructions as it relates to the next steps based on the opportunities you selected. Please note, volunteer needs may vary by chapter needs.

### WHY DO I NEED A BACKGROUND CHECK?

Due to the nature of our work, select volunteer positions must successfully complete a criminal background check every 3 years. Make-A-Wish does not employ or utilize as a volunteer any individual who has been convicted of a crime that (a) victimizes children, (b) is sexual in nature, or (c) involves violence, fraud, or significant theft. Please contact us with any questions related to past convictions and/or our background check screening process.

## WHO DO I CONTACT WITH QUESTIONS?

Our team is happy to answer any questions or address any concerns that you may have.

- Volunteer Manager, Glenn Mendoza, (808) 537-3118 x 121 or gmendoza@hawaii.wish.org
- Make-A-Wish (808) 537-3118 or <a href="http://www.hawaii.wish.org/">http://www.hawaii.wish.org/</a>

## HOW DO I SUBMIT MY APPLICATION?

Please complete and submit pages 2-5 of this packet to our office via fax, email or mail.

Make-A-Wish *Hawaii*Attn: **Volunteer Services**223 South King Street Suite 100
Honolulu, HI 96813
gmendoza@hawaii.wish.org
Fax # (808) 536-5566

### PRIVACY & PROTECTION OF INFORMATION

Security of information is extremely important to us. All information submitted is available to and accessed by only relevant personnel. Information is never sold or shared outside of Make-A-Wish.



# **Volunteer Application**

Please note that all volunteer opportunities require completion of this application and a signed Conflict of Interest and Ethics Statement. Volunteers are also required to successfully complete training relevant to the desired opportunity. In addition, select opportunities require a criminal background check performed every three years.

| Personal Infor   | <u>rmation</u> |                         |                  |                                |            |                |           |  |
|--|----------------|-------------------------|------------------|--------------------------------|------------|----------------|-----------|--|
| Title:   | Name:          |                         |                  |                                |            |                |           |  |
| First  |                | Middle                  |                  | Last                           |            |                |           |  |
| Nickname:  |                |                         |                  |                                |            |                |           |  |
| Address:   |                |                         |                  |                                |            |                |           |  |
| Street   |                |                         | City             | lity                           |            | State          | Zip       |  |
| County:  |                |                         | Birth Month/Day: |                                |            |                |           |  |
|  |                |                         | I'm over         | I'm over the age of 18: Yes No |            |                |           |  |
| Phone:   |                |                         | Preferre         | ed Phone: 🗌                    | Home       | ☐ Cell         |           |  |
| Home   |                | Cell                    |                  |                                |            |                |           |  |
| Email:   |                |                         |                  |                                |            |                |           |  |
|  |                |                         |                  |                                |            |                |           |  |
| Employment I   | nformatio      | <u>on</u>               |                  |                                |            |                |           |  |
| Employer:  |                |                         | Position:        |                                |            |                |           |  |
| Address:   |                |                         |                  |                                |            |                |           |  |
| Street   |                | City                    |                  | Stat                           | e !        | Zip            |           |  |
| Work Phone:  |                |                         | May We           | Contact Yo                     | u at Work  | ?              | No        |  |
| Would your company be interested in becoming involved with Make-A-Wish? Yes No |                |                         |                  |                                |            |                |           |  |
|  |                |                         |                  |                                |            |                |           |  |
| Emergency Co   | ntact Inf      | ormation                |                  |                                |            |                |           |  |
| Emergency Con  | tact:          |                         | Relationship:    |                                |            |                |           |  |
| Emergency Contact Phone:   |                |                         |                  |                                |            |                |           |  |
|  |                |                         |                  |                                |            |                |           |  |
| Professional S   | kills – Sel    | ect those skills in whi | ch vou ha        | ve a profess                   | ional capa | bility and/or  | · fluent. |  |
|  |                | Carpentry, please spec  | •                | -                              | ionar capa | Silley allalor | ilidolit. |  |
|  |                | Skills, please specify: | -                | •                              |            |                |           |  |
|  |                | / Art Design            |                  |                                |            |                |           |  |
|  | or Decorat     | -                       |                  |                                |            |                |           |  |
|  |                | -                       |                  |                                |            |                |           |  |
|  |                | se specify:             |                  |                                |            |                |           |  |
| Photography  |                |                         |                  |                                |            |                |           |  |
| Professional Certifications, please specify:                                   |                |                         |                  |                                |            |                |           |  |
| Scrapbooking   |                |                         |                  |                                |            |                |           |  |
| Writing  |                |                         |                  |                                |            |                |           |  |
| Other:   |                |                         |                  |                                |            |                |           |  |

# **Volunteer Opportunities**

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| ☐ Fundraising – Assist development team in seeking in-kind donations, write gran sponsorship proposals, collaborate to build partnerships with local companies, or corresearch on local companies' giving campaigns.   |         |
|--|---------|
| ☐ Office – Assist with miscellaneous projects at the office, including phone calls, wi research, mailings, etc.  | sh      |
| ☐ Speaker's Bureau – Speak at local community, school, business, or civic events increasing awareness and support for Make-A-Wish while educating audiences about Make-A-Wish mission.   | ıt the  |
| ☐ Special Events – Plan, organize, and implement successful fundraising events by working on event committees, helping out on the event day, and/or participating in event.  |         |
| ☐ Translator/Interpreter — Help facilitate wish experiences for non-English-speaking families. Translators have the option of becoming fully-trained wish granting volunt they can provide short-term support on an as-needed basis.   | _       |
| ☐ Wish Granting – As a member of a wish team, wish granters meet with the familthe wish child determine the wish and act as a liaison between Make-A-Wish staff a wish family during the wish process. Wish granters must be a minimum of 18 years Attendance at an in-depth training session is required. | and the |
| few words, describe yourself and what motivated you to volunteer at this time in your  | life.   |
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| What are you looking to get out of this volunteer experience?  |            |  |  |
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| How did you hear about Make-A-Wish?  |            |  |  |
| Tiow and you near about Make 11 Wish.  |            |  |  |
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| I affirm that the information I have given on this form is true and correct. The informat  |            |  |  |
| have provided may be verified by contacting persons or organizations named in this applications in the same of the |            |  |  |
| by contacting any person or organization that may have information concerning me, or be conducting a criminal background check.  | У          |  |  |
| conducting a criminal background check.  |            |  |  |
| I have read and understood the various volunteer roles and am able to perform those rol  | es in      |  |  |
| which I've applied for. I am volunteering my time for personal reasons and understand  | l will not |  |  |
| be paid for my services as a volunteer and I expect no compensation. Furthermore, I und  | derstand   |  |  |
| that this application will help in determining the best fit of my skills for Make-A-Wish.  |            |  |  |
| Signature:Date:  |            |  |  |
| =  |            |  |  |



# ANNUAL CONFLICT OF INTEREST AND ETHICS ASSURANCE STATEMENT

As an employee or volunteer of the Make-A-Wish Foundation (the "Foundation"), I have an obligation to the Foundation and the constituencies it serves to comply with the highest standards of ethical conduct. I will not commit acts contrary to those standards, and I will promptly report to appropriate Foundation representatives — either directly, or through MySafeWorkplace (a 24-hour confidential whistle-blower hotline that can be accessed at <a href="https://www.MySafeWorkplace.com">www.MySafeWorkplace.com</a> or by calling 1-800-461-9330) — the commission of any such acts by others within the Foundation. I understand that my responsibilities include the following:

# Ethics and Legal Assurance

- I will at all times: (a) perform my duties in accordance with relevant laws, regulations and Foundation policies and standards; (b) promote the attainment of the Foundation's legitimate and ethical objectives; and (c) represent the interests of all constituencies served by the Foundation and not favor special interests inside or outside the Foundation in connection with Foundation business.
- I will refrain from: (a) violating any criminal or civil law or regulation, the violation of which may reflect poorly on the Foundation; and/or (b) engaging in or supporting any activity that would discredit the Foundation.
- I will submit to a criminal background check every three years (or more frequently if required by the Foundation), and I agree to disclose at the time I execute this document and thereafter as the same may arise any official investigations of criminal activities, arrests and/or convictions involving me (other than for routine traffic offenses not involving drugs or alcohol).

# Conflict Of Interest

- I will either avoid, or will promptly disclose and recuse myself from any decisions involving, any activity or practice which conflicts with, or can be perceived as conflicting with, the interests of the Foundation, including but not limited to situations where I, or a relative, friend or business acquaintance of mine, proposes to provide goods or services to the Foundation for consideration.
- I will refrain from using Foundation property or resources for personal profit or advantage, or for any purpose not related to the activities of the Foundation.
- I will refuse any personal gifts, loans, favors or other consideration of more than nominal value from any Foundation vendor, sponsor or other outside party that would influence, or could be perceived as influencing, my actions or the actions of others.

# **Confidentiality**

- During my involvement with the Foundation and thereafter, I will maintain the confidentiality of any information regarding the Foundation, wish children and their families, donors and volunteers that has not been released publicly, unless legally obligated to do otherwise.
- I will 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.

| Print name | Signature | Date |  |
|------------|-----------|------|--|