



*Thank you for your interest in volunteering with Make-A-Wish®. Behind every Make-A-Wish experience, there are volunteers filling a multitude of roles. Their commitment is what drives Make-A-Wish and allows us to create life-changing wishes for children with critical illnesses.*

### **HOW DO I BECOME A VOLUNTEER?**

To provide the best experience possible, we require all potential volunteers to go undergo an assessment to determine the best fit for their skills.

Volunteer paperwork takes about 2 weeks to process and approve. Please contact the chapter office if you have any questions regarding our volunteer process. Please note, volunteer needs may vary by chapter.

### **WHO DO I CONTACT WITH QUESTIONS?**

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

- **Volunteer Outreach Manager:** Will Phelps, (808) 537-3118 or [wphelps@hawaii.wish.org](mailto:wphelps@hawaii.wish.org)
- **Make-A-Wish:** (808) 537-3118 or [hawaii.wish.org](http://hawaii.wish.org)

### **HOW DO I SUBMIT MY APPLICATION?**

Please complete and submit pages 2-3 of this packet to our office via fax, email or mail.

Make-A-Wish Hawaii  
Attn: **Volunteer Services**  
P.O. Box 1877, Honolulu, HI 96805  
[wphelps@hawaii.wish.org](mailto:wphelps@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.



# Youth Volunteer Application

## Personal Information

Title:	Name: First	Middle	Last
Nickname:			
Address: Street		City	State Zip
County:		Birth Month:	Day:
I'm over the age of 18: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Phone: Home	Mobile	Preferred Phone: <input type="checkbox"/> Home <input type="checkbox"/> Mobile	
Email:			

## School Information

School Name:	Grade Level:		
Address: Street	City	State	Zip
School Phone:	Do you have a full school day? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## Emergency Contact Information

Emergency Contact:	Relationship:
Emergency Contact Phone:	

## How did you hear about Make-A-Wish?

- Aware of a wish family who experienced a wish: \_\_\_\_\_
- Civic organization: \_\_\_\_\_
- Family: \_\_\_\_\_
- Friend: \_\_\_\_\_
- Media/Public Relations: \_\_\_\_\_
- School: \_\_\_\_\_
- Other: \_\_\_\_\_

In a few words, describe yourself and what motivated you to volunteer with Make-A-Wish.

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**Volunteer Opportunities (select all that interest you):**

Community Outreach – Speak at local community, school, business or civic events increasing awareness and support for Make-A-Wish while educating audiences about our mission. Share Make-A-Wish stories and mission on social media.

Kids For Wish Kids – Host a fundraiser on your own or with some classmates. You are in charge of planning, organizing, and carrying out the fundraiser.

Special Events – Opportunities may include one listed below or others, as needed.

Macy’s Believe Campaign – Individually, or organize a group to, write letters to contribute to the campaign. Promote the campaign at schools, clubs and on social media.

Jingle Rock Run – Assist with pre-walk preparation, set-up, day of walk experience or help with clean-up afterwards. Organize a group to volunteer as walk monitors/cheerleaders or run a station for kids’ areas.

World Wish Day – Help celebrate our volunteers and donors by sharing Make-A-Wish stories via social media, hosting a fundraiser or volunteering at World Wish Day events.

Student Group Member – Be part of an organized group that supports Make-A-Wish through volunteering, fundraising and awareness, while gaining leadership experience.

Wish Enhancement Advisors – Help add to a child’s wish by making the wish experience special through enhancements and assisting in the planning process.

I affirm that the information I have given on this form is true and correct. The information that I have provided may be verified by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me.

I have read and understood the various volunteer roles and am able to perform those roles in which I have applied for. I am volunteering my time for personal reasons and understand I will not be paid for my services as a volunteer and I expect no compensation.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Thanks for taking the time to complete this application.  
Once we have reviewed your information, we will be in touch to discuss next steps.  
If you need anything in the meantime, please contact:  
Will Phelps, Volunteer Outreach Manager 808-537-3118 x132 [wphelps@hawaii.wish.org](mailto:wphelps@hawaii.wish.org)*