



children's wishes

Volunteer Application

All 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

ST

ZIP

HOME PHONE

MAY WE CALL YOU HERE? **Y / N**

WORK PHONE

MAY WE CALL YOU HERE? **Y / N**

CELL PHONE

MAY WE CALL YOU HERE? **Y / N**

E-MAIL ADDRESS

Do you hold a valid driver's license? **Y / N** - If yes, which state?

Have you ever had your driver's license suspended or revoked? **Y / N** - If yes, please explain why.

Do you use illegal drugs? **Y / N**

YOUR WISH * OUR JOURNEY



children's wishes

WORK INFORMATION

EMPLOYER

ADDRESS

CITY

ST

ZIP

EMERGENCY CONTACT

NAME

RELATIONSHIP

DAYTIME PHONE

MOBILE / EVENING PHONE

AVAILABILITY

Morning Afternoon Evening / Weekdays Weekends

WHICH VOLUNTEER POSITION(S) ARE YOU INTERESTED IN?

Office/Clerical Special Events Board Member Fundraising & Development
 Marketing Wish Granter Other (please describe)

REFERENCES: PLEASE LIST AT LEAST THREE PROFESSIONAL REFERENCES

1 NAME

RELATIONSHIP

ADDRESS

CITY

ST

ZIP

PHONE

2 NAME

RELATIONSHIP

ADDRESS

CITY

ST

ZIP

PHONE

3 NAME

RELATIONSHIP

ADDRESS

CITY

ST

ZIP

PHONE



children's wishes

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? **Y** / **N** - IF YES, PLEASE LIST YOUR EXPERIENCE BELOW.

1	ORGANIZATION'S NAME	DATES: FROM / TO
	ADDRESS	PHONE
	CONTACT'S NAME / TITLE	
	RESPONSIBILITIES	
	REASON FOR ENDING VOLUNTEER WORK	

2	ORGANIZATION'S NAME	DATES: FROM / TO
	ADDRESS	PHONE
	CONTACT'S NAME / TITLE	
	RESPONSIBILITIES	
	REASON FOR ENDING VOLUNTEER WORK	



children's wishes

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 for the protection of children, families, visitors, volunteers and staff, all adults (age 18 & up) must complete a background check.

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.
2348 Post Road, Suite 30
Warwick, RI 02886

**Thank you for your interest in
Volunteering for Children's Wishes!**

Children's Wish Group of Rhode Island, Inc.



children's wishes

Authorization and Release for a Criminal Background Investigation

I, (NAME)

OF (ADDRESS)

CITY

ST

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 VOLUNTEER APPLICANT

DATE

STATE OF RHODE ISLAND COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS _____ DAY OF _____ 20 _____

NOTARY PUBLIC'S SIGNATURE

YOUR WISH * OUR JOURNEY