



# Volunteer Application

Thank you for your interest in volunteering with Make-A-Wish® Oklahoma. Our volunteer program is designed to give each volunteer a diverse and rewarding experience while working towards fulfilling our mission to create life-changing wishes for children with critical illnesses.

## HOW DO I BECOME A 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 that all volunteers must complete an interview and in person training in order to become an active volunteer.

## 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.

- Lindsey Percival, Community & Volunteer Engagement Coordinator, (405) 286-4000 or [lpercival@oklahoma.wish.org](mailto:lpercival@oklahoma.wish.org).

## HOW DO I SUBMIT MY APPLICATION?

Please complete and submit this application to our office via fax, email or mail.

## OKC OFFICE

Make-A-Wish Oklahoma  
Attn: Lindsey Percival  
1900 NW Expressway, Suite 700  
Oklahoma City, OK 73118  
Fax: (405) 418-4107  
[lpercival@oklahoma.wish.org](mailto:lpercival@oklahoma.wish.org)

## 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 Information

Title:	Name: <small>First</small>	Middle	Last
Nickname:		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Address: <small>Street</small>		City	State <span style="float: right;">Zip</span>
County:		Birth Month/Day: I'm over the age of 18: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone: <small>Home</small>	Cell	Preferred Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell	
Email:			

### Employment Information

Employer:	Position:		
Address: <small>Street</small>	City	State	Zip
Work Phone:	May We Contact You at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Would your company be interested in becoming involved with Make-A-Wish? <input type="checkbox"/> Yes <input type="checkbox"/> No			

### Emergency Contact Information

Emergency Contact:	Relationship:
Emergency Contact Phone:	

**Professional Skills** – Select those skills in which you have a professional capability and/or fluent.

- Construction / Carpentry, please specify: \_\_\_\_\_
- Entertainment Skills, please specify: \_\_\_\_\_
- Graphic Design / Art Design
- Interior Decorating
- Language, please specify: \_\_\_\_\_
- Photography
- Professional Certifications, please specify: \_\_\_\_\_
- Scrapbooking
- Writing
- Other: \_\_\_\_\_

## **Volunteer Opportunities**

**Fundraising** – Assist development team in seeking in-kind donations, write grant and/or sponsorship proposals, collaborate to build partnerships with local companies, conduct research on local companies’ giving campaigns, organize a frequent flier donation campaign, sell paper Make-A-Wish stars, or plan/organize an external event to benefit Make-A-Wish.

**Office** – Assist with miscellaneous projects at the office, including phone calls, wish research, mailings, etc.

**Wish Ambassador** – Speak at local community, school, business, or civic events increasing awareness and support for Make-A-Wish while educating audiences about the Make-A-Wish mission.

**Special Events** – Plan, organize, and implement successful fundraising events by working on event committees, helping out on the event day, and/or participating in the event.

**Translator/Interpreter** – Help facilitate wish experiences for non-English-speaking families. Translators have the option of becoming fully-trained wish granting volunteers, or 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 family, help the wish child determine the wish and act as a liaison between Make-A-Wish staff and the wish family during the wish process. Wish granters must be a minimum of 18 years old. Attendance at an in-depth training session is required.

Wish-Granting partner (if applicable)

First and Last Name

Because we cover the entire state, it is helpful to know what areas of the state our volunteers are willing to travel to. Please list any areas where you might be able to do wish interviews, speaking engagements or special events. *Example: Tulsa to Stillwater, Enid to Yukon.*

In a few words, describe yourself and what motivated you to volunteer at this time in your life.

What are you looking to get out of this volunteer experience?

How did you hear about Make-A-Wish?

**Volunteer History**

Do you have previous volunteer experience?  Yes  No

If yes, please list, beginning with present or most recent experience.

Organization Name:	
Address:	
Position and Responsibilities:	
Supervisor's Name and Title:	
Email:	Telephone Number:
Dates of Service:	

Organization Name:	
Address:	
Position and Responsibilities:	
Supervisor's Name and Title:	
Email:	Telephone Number:
Dates of Service:	

**Personal References**

Please provide three non-family references.

Name:	
Relationship:	Email:
Address:	Telephone Number:

Name:	
Relationship:	Email:
Address:	Telephone Number:

Name:	
Relationship:	Email:
Address:	Telephone Number:

\*\*If you would like to include additional information about yourself, please do so on the back of this form.

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, or by conducting a criminal background check.

I have read and understood the various volunteer roles and am able to perform those roles in which I've 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. Furthermore, I understand that this application will help in determining the best fit of my skills for Make-A-Wish.

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

***Please print and sign this line as handwritten signature and date is required.***



**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 [www.MySafeWorkplace.com](http://www.MySafeWorkplace.com) 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.

***I have read, understand and agree to be bound by the above standards.***

Print name

Signature

Date

***Please print and sign this line as handwritten signature and date is required.***