

Make-A-Wish® Illinois **Volunteer Application**

Our Mission

We grant the wishes of children with life-threatening medical conditions to enrich the human experience with hope, strength and joy.

Our Vision

We are dedicated to making every eligible child's wish come true.

Our Values

Integrity We approach every aspect of our work with unwavering standards of honesty, transparency and respect for wish recipients, their families and Foundation supporters.

Child Focus Our business practices always put the interests of wish children first.

Excellence We aspire to best-in-class business practices, and we embrace the challenge to exceed expectations at every opportunity.

Community We foster a collaborative, global community of staff, volunteers and donors with the collective ability to make the broadest possible range of wishes come true.

Inspiration We are inspired by the examples of our wish kids and the actions of the entire Make-A-Wish® community to approach our mission with life-affirming enthusiasm, imagination and creativity. As a result, we fill each wish experience and every interaction with hope, strength and joy.

Volunteer Application

How do I become a volunteer?

All volunteers are asked to meet a series of requirements before becoming an active volunteer including completing the volunteer application, online orientation training and submitting to relevant background checks. There is a fee of \$24.18 for the background check service paid directly by the applicant. If the application fee poses a financial concern, please let us know and we can discuss waiving the fee.

Volunteer Paperwork takes about 2 weeks to process. After your paperwork is processed, you will receive a welcome email with instructions and login information for our volunteer website WISHNET. You will also receive instructions on taking an online orientation quiz.

After completing these requirements, you are now a volunteer and may begin signing up for events, trainings and ways to help on WISHNET!

Why do I need a background check?

Due to the nature of our work, we require all volunteers submit to a criminal background check every 3 years. Make-A-Wish Illinois does not accept any applicant that has been convicted of a violent and /or felonious crime, or a crime involving moral depravity. In addition, the Foundation has a policy that the volunteers convicted of DUI within the last 10 years may not serve as a volunteer for the Foundation. The Foundation does not participate in any community service hour programs. Make-A-Wish Illinois will immediately discharge any volunteer convicted of the aforementioned crimes. The Foundation reserves the right to refuse any volunteer with a criminal history if it is not in line with the Foundation's needs, mission or values.

How does the background check process work?

To accurately search the national, state and county level criminal records as required by the Make-A-Wish® America ("National") Performance Standards, a background check falls under the Fair Credit Reporting Act. First Advantage (formerly Lexis Nexis) acts as the consumer reporting agency and thus collects only the below information on our behalf. **You will be invited to run your own background check within 2 business days of submitting your volunteer application. If you do not receive an invitation to run your background check, please contact white@illinois.wish.org.**

Can anyone be a volunteer?

Make-A-Wish Illinois requires that all volunteers be **21 years or older** and reside in the state of Illinois. Volunteers must complete specialized training to become a Wish Granting Volunteer.

Who do I contact with questions?

Our Volunteer Services Team is always happy to answer any questions or concerns that you may have!

- **Volunteer Coordinator** Dan White (312) 602.9440 or white@illinois.wish.org
- **Volunteer Coordinator** Tonisha Daniel (312) 602.9413 or daniel@illinois.wish.org
- **Volunteer Manager** Amber Nolan (312) 602.9432 or nolan@illinois.wish.org
- **Background Check Questions**—First Advantage, (866) 439.7179 or premier1@fadv.com

How do I submit my application?

We accept applications via fax, email or mail.

Make-A-Wish® Illinois
Attn: Volunteer Services
640 N LaSalle Ste 280
Chicago, IL 60654-3754
312.943.9813 fax

PRIVACY & PROTECTION OF INFORMATION

Security of information is extremely important to our business. All information submitted is secured and accessible to only relevant personnel. Sensitive information such as social security numbers and credit card numbers are not stored, but rather disposed of in a secure manner when no longer needed for business reasons. Information is never sold or shared outside of the Foundation.

Volunteer Application

Home Information

First Name: _____ Middle: _____ Last: _____

Date of Birth: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Emergency Contact

Name: _____ Relationship: _____

Phone: _____ Email: _____

Personal Information

Gender: Male Female

Ethnic Background:

- American Indian or Alaska Native
 Asian
 Black or African American
 Hispanic, Latino or Spanish Origin
 Middle Eastern
 Native Hawaiian or Other Pacific Islander
 White or Caucasian
 Other: _____

Unisex T-Shirt Size: Small Medium Large XL XXL

Do you hold a valid driver's license? Yes No If yes, which state? _____

Do you have access to a car? Yes No

Do you use illegal drugs? Yes No

Are you currently charged with a criminal offense, including but not limited to, criminal neglect, abuse or assault? Yes No

If yes, please explain: _____

Have you ever been convicted of a criminal offense, including but not limited to, criminal neglect, abuse or assault? Yes No

If yes, please explain: _____

Do you agree to immediately disclose any future criminal convictions or violations? Yes No

In addition to English, do you speak any other languages? Yes No

If yes, which ones? _____

Fluent (I can thoroughly read and write in this language) **Conversational** (I have limited abilities in this language)

Special Skills

Please indicate which skills you would like to share as a volunteer:

- | | | |
|--------------------------|---|------------------------------|
| <input type="checkbox"/> | Accounting/Finance | please specify: _____ |
| <input type="checkbox"/> | Advertising/Marketing/PR | please specify: _____ |
| <input type="checkbox"/> | Childcare/Child Development | please specify: _____ |
| <input type="checkbox"/> | Construction/Contracting | please specify: _____ |
| <input type="checkbox"/> | Entertainment | please specify: _____ |
| <input type="checkbox"/> | Event Planning | please specify: _____ |
| <input type="checkbox"/> | Fundraising | please specify: _____ |
| <input type="checkbox"/> | Graphic Design, Art Direction or Layout | please specify: _____ |
| <input type="checkbox"/> | Internet Programming/Web Development | please specify: _____ |
| <input type="checkbox"/> | Interior Decorating | please specify: _____ |
| <input type="checkbox"/> | Photography | please specify: _____ |
| <input type="checkbox"/> | Public Speaking | please specify: _____ |
| <input type="checkbox"/> | Writing | please specify: _____ |
| <input type="checkbox"/> | Other: _____ | |

Work Information

Employer: _____ Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Fax: _____

Does your place of business have any of the following? *Check all that apply.*

- Employee matching gift program
- Volunteer Awards program
- Company Foundation
- Other corporate giving opportunities: _____

Would your company be interested in becoming involved in any of the following? *Check all that apply.*

- Donating or raising funds for wishes
- Engaging employees as volunteers
- Donating goods or services
- Sponsoring a major fundraising event
- Donating frequent flyer miles

Affiliations

Are you affiliated with any other organizations, such as alumni associations, churches, civic groups, etc.? If so, please list them below.

Volunteer History

Please list, beginning with present or most recent experience.

Organization Name: _____

City: _____ State: _____ Dates of Service: _____

Organization Name: _____

City: _____ State: _____ Dates of Service: _____

Organization Name: _____

City: _____ State: _____ Dates of Service: _____

How did you find out about Make-A-Wish? *Please specify.*

Current Volunteer _____

Company _____

Media _____

Other _____

Have you ever been asked to relinquish a volunteer position? Yes No

If yes, please explain: _____

Areas of Interest

Check all that apply:

- General Volunteers** help at events, office volunteer nights, hospital parties, etc.
- Wish-Granting Volunteers** are an integral part of fulfilling wishes. As a member of a wish team, you will meet with the family, determine the wish and act as a liaison between the Foundation staff and the wish family during the wish process. Requires two-hour online training and two-hour in person session. Must work on three wishes annually.
- Office Volunteer** assists in the office with various projects, subject to need and availability in particular office location (Chicago, Peoria or Springfield).
- Speaker's Bureau Volunteers** are trained to publicly speak on behalf of the Foundation at various events to promote awareness of our mission, raise funds and/or recruit volunteers.
- Other** (please specify) _____

Volunteer Consent and Release

The volunteer position you have applied for upholds considerable responsibilities. You may be entrusted with valuable assets of the Foundation, most importantly our wish children and wish families. As a condition of your potential service to the Foundation as a volunteer we may perform a background investigation. Your participation in this process is voluntary; however, if you choose not to sign this release, you may be eliminated as a possible candidate for the position you have applied for.

I understand that the Foundation will re-run a relevant background check(s) every three years for as long as I am a volunteer. In addition, I understand I may be subject a financial credit check and authorize the Foundation to perform that check if my responsibilities involve serving as a signatory on the Foundations bank accounts.

I HAVE COMPLETED AND REVIEWED THIS ENTIRE FORM AND ATTEST THAT THE INFORMATION PROVIDED IS TRUE.

Applicant Signature _____ Date _____
(handwritten)

References

Please supply the contact information for three personal or professional references.
No immediate family members please.

Reference 1

Name: _____ Relationship: _____

Email: _____ Phone: _____

Reference 2

Name: _____ Relationship: _____

Email: _____ Phone: _____

Reference 3

Name: _____ Relationship: _____

Email: _____ Phone: _____

Conflict Of Interest and Ethics Assurance Statement

As a 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 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.

Printed Name _____ Signature _____ Date _____