

Make-A-Wish Foundation® of the Mid-Atlantic, Inc.



Volunteer Information and Application: Bethesda Office

Updated Sept 17, 2008

Volunteer Information

Thank you for your interest in volunteer opportunities with the Make-A-Wish Foundation of the Mid-Atlantic, Inc., a nonprofit organization that fulfills wishes for children with life-threatening medical conditions. The Foundation serves children living in Delaware, Maryland, the District of Columbia and Northern Virginia. Last year, the Foundation fulfilled 337 wishes thanks to a group of extremely dedicated volunteers.

There are many ways for volunteers to help the organization. The time commitment varies depending on your interests. Below are descriptions of our various volunteer opportunities.

- **Wish Granting**

These volunteers work directly with the children and their families to make wishes come true. This position requires dedication, flexibility, responsibility, compassion, creativity, imagination and excellent communication skills. Wish-granting volunteers must be at least 21 years of age and have reliable transportation. A special training session and a criminal background check are necessary to become a wish-granting volunteer. Volunteers will be asked to complete at least four wishes as well as one continuing education seminar per year. Background checks must be updated every three years.

- **Special Events**

Each year the Foundation produces special events in the community. Whether it is a golf tournament or a scavenger hunt, we need volunteers to help make the events safe and enjoyable. Specific days of the week, hours and location vary depending on the event. Special events volunteers must be at least 18 years of age, and may be asked to submit to a criminal background check.

- **Speakers Bureau**

Volunteers are needed to represent the organization at speaking engagements, check presentations, and other events in the community. The fall is an especially busy time due to workplace giving campaigns. These volunteers have usually been associated with the Foundation for some time and have completed a training session before joining the Speakers' Bureau.

- **Office Help**

The organization needs volunteers to answer phones, help with mailings, input data, and do many other tasks in the office to assist full-time staff members. Hours and days depend on the specific needs at the time. A criminal background check is required to become an office volunteer.

- **Community Fundraising**

We rely on community fundraisers to help make wishes come true. This volunteer opportunity allows you the autonomy to create an event (bake sale, car wash, golf tournament, etc.) in conjunction with community clubs, places of employment and peer groups. Call the office or download a fundraising proposal from our Web site: www.midatlantic.wish.org.

- **Internships**

Internships are available for mature high school students, college students and recent graduates interested in learning about and working with a nonprofit organization. If you are interested in an unpaid internship, please contact the volunteer coordinator for an internship application.

Volunteer Requirements

Each volunteer opportunity has specific requirements. Please read the lists below to better understand the process.

Wish-granting Volunteer — Volunteer application, two references, background check*, interview with staff member, and a training session. (Sessions are typically held in the spring and fall. All paperwork must be submitted before attending a training session.)

Special Events — Volunteer application, two references and a background check* required for specific positions.

Office Volunteer — Volunteer application, two references and a background check*.

Speakers' Bureau Member — Volunteer application, two references, availability form, training session (held in fall only) and previous involvement with the Foundation.

Internship — Intern application (available upon request), résumé and writing samples, background check* and an interview with a staff member.

*If a blemish appears on a background check, it may be reviewed by our Executive Committee. After we receive your volunteer application, background check and references, we will contact you.

If you are interested in any of these volunteer opportunities or have additional ways you could help the organization, please complete the enclosed paperwork and send it to the volunteer coordinator at the address on the top of the application:

If you have any questions regarding your application or volunteering opportunities,

please contact the volunteer coordinator at one of the below Make-A-Wish Foundation of the Mid-Atlantic, Inc. offices:

D.C.-Metro Area: 301-962-9474(WISH)

Baltimore and surrounding areas: 410-484-1232

Delaware: 302-475-9474

Background Check

The Make-A-Wish Foundation of the Mid-Atlantic follows a national policy that requires volunteers to have a background check completed at the time of employment and, at minimum, every three years thereafter. Background checks are performed by Property Owners' Exchange (POE). Once your application and references have been received by the Foundation, you will be notified about taking the next steps to complete your background check.

Volunteer Application

Return to: Volunteer Coordinator 5272 River Road, Suite 700 Bethesda, MD 20816 Phone: 301.962.9474 Fax: 301.962.6900				For Official Use Only	
				Reference: ⑩ ⑩	
				Background: ⑩	
				Interview: ⑩	
Today's date:				Trained: ⑩	
APPLICANT INFORMATION					
Last name: First: Middle:			Mr. Mrs.	Miss Ms.	Email address:
Is this your legal name? Yes No	If not, what is your legal name?		Maiden name:		
Street address:		Home phone no.: ()		Mobile phone no.: ()	
P.O. box:	City:		State:		ZIP Code:
Occupation:		Employer:			Employer phone no.: ()
How did you hear about the Make-A-Wish Foundation®? Describe some of your interests, talents or skills: What could you add as a volunteer for this organization (be specific)? Which volunteer opportunities interest you? Wish granting Special events Office help Fundraising Speakers' bureau Internship					

EMPLOYMENT HISTORY					
Job 1 (most recent)					
Company name:				Start date:	
				End date:	
Street address:			Supervisor:		Supervisor's phone no.: ()
P.O. box:	City:		State:		ZIP Code:
Describe your position and responsibilities?					
Job 2					
Company name:				Start date:	
				End date:	

Street address:		Supervisor:	Supervisor's phone no.: ()
P.O. box:	City:	State:	ZIP Code:
Describe your position and responsibilities?			
Job 3			
Company name:			Start date:
			End date:
Street address:		Supervisor:	Supervisor's phone no.: ()

VOLUNTEER EXPERIENCE			
Volunteer activity			
Organization:			Start date:
			End date:
Street address:		Point of Contact:	Organization phone no.: ()
P.O. box:	City:	State:	ZIP Code:
Describe your position and responsibilities?			
Volunteer activity			
Organization:			Start date:
			End date:
Street address:		Point of Contact:	Organization phone no.: ()
P.O. box:	City:	State:	ZIP Code:
Describe your position and responsibilities?			
Volunteer activity			
Organization:			Start date:
			End date:
Street address:		Point of Contact:	Organization phone no.: ()
P.O. box:	City:	State:	ZIP Code:
Describe your position and responsibilities?			

REFERENCES

Please list two, non-family personal references below. Give each of these individuals one copy of the enclosed volunteer reference form to be returned to our office.

Name:	Relationship to applicant:	Home phone no.: ()	Alternate phone no.: ()
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BACKGROUND AND DISCLOSURES

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:

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

If yes, please explain:

Do you use illegal drugs? Yes No

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

Do you have a current driver's license? Yes No | If yes, in what state was the license issued?

Has your Driver's License ever been revoked in this or any other state? Yes No

I have completed and reviewed this entire form and attest that the information have provided is true:

Printed name

Signature

Date

Volunteer Reference

Return to:

Volunteer Coordinator
5272 River Road, Suite 700
Bethesda, MD 20816
Phone: 301.962.9474
Fax: 301.962.6900

QUESTIONNAIRE			
Your name has been provided as a non-family, personal reference for _____, who wishes to become a volunteer for the Make-A-Wish Foundation of the Mid-Atlantic. Please answer the following questions to the best of your ability and return this form to the Volunteer Coordinator at the Make-A-Wish Foundation office at the address above. Thank you.			
Your name:	Relationship to potential volunteer:	Home phone no.: ()	Alternate phone no.: ()
For how long and in what capacity have you known this person?			
What are three adjectives that describe him/her:			
Does this person relate well to children? Any experience with sick children? Please provide details if possible:			
What skills does this person possess that will enable him/her to work well in a team environment?			
Do you consider this person responsible? Please provide examples if possible:			
Please rate the volunteer from 1 to 10 in the following areas, with 10 being the highest rating: ___ Communication skills ___ Responsibility ___ Sensitivity ___ Organizational skills ___ Dependability ___ Flexibility in schedule			
Is there any additional information you could provide that would enable us to better assess the strengths, weaknesses, and/or overall character of this potential volunteer?			
Signature Date			

Volunteer Reference

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<p>Signature Date</p>			