



Volunteer Application – Short Form

To be used for Day of Event Volunteers Only

Stephanie Smith, Volunteer Coordinator
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Personal Information

Name: _____ Date of Birth: _____

Address: _____

City: _____ State _____ Zip _____ County _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

(Fill out only if we can call you at work)

E-mail address: _____

Employer _____ Position _____

Address _____

City _____ State _____ Zip _____

Make-A-Wish Foundation® of Central and Northern Florida

Volunteer Commitment Statement

The Make-A-Wish Foundation® of Central and Northern Florida grants the wishes of children with life-threatening medical conditions, to enrich the human experience with hope, strength, and joy.

As a Make-A-Wish volunteer, you represent the Foundation to the community, donors, wish families and event attendees. We are entrusting you with the critical nature of our mission and trusting you to protect the best interest of the Foundation in all ways. By signing, you acknowledge your understanding of and commitment to these expectations and we in return acknowledge our commitment to you and understand that you are entitled to certain expectations of the Foundation as well.

As a volunteer and representative of the Make-A-Wish Foundation®, I understand that I am committing to:

- work constructively as part of a team, with other volunteers and staff.
- adhere to Make-A-Wish performance standards, guidelines, ethical standards and code of conduct.
- place the best interest of the Foundation above my own personal feelings while volunteering.
- represent Make-A-Wish professionally and positively to volunteers, donors, wish families, and the public.
- be fiscally responsible and budget-minded when conducting Make-A-Wish business.
- respect the confidentiality and privacy of wish families and donors.
- work to resolve conflicts with other volunteers and staff in a positive, productive manner.
- give and receive constructive feedback in a positive manner.
- notify the Foundation of any potentially unethical situation involving myself or other volunteers.
- avoid using my Make-A-Wish contacts to benefit myself or another organization or business.

As part of this mutual commitment, we commit to:

- recognizing that volunteers are vital to our mission and are extremely important representatives of the Make-A-Wish Foundation.
- deliver the same respect and courtesy as donors, wish families, and staff.
- respecting that volunteers have busy lives outside of Foundation business.
- provide you with appropriate and thorough training, proper tools and instructions.
- provide constructive feedback, coaching and meaningful recognition.
- be professional and courteous at all times and appreciative and respectful of your time.
- work to resolve conflicts in a positive and productive manner.
- provide communications that keep you informed of events, training, and opportunities.

General Liability Waiver

I, myself, my executors, administrators, and assignees, do hereby discharge the Make-A-Wish Foundation of Central & Northern Florida, its officials, sponsors, and volunteers from damages or injuries occasioned by my participation in this event. I also authorize the use of any photographs, videotape, and/or quotations from me taken during the event for any and all purposes. Through my signatures, I accept the waiver above. I certify that I have read all terms and conditions of this release and do intend to be legally bound thereby.

Volunteer Signature _____ Date _____