



Volunteer Bio

Thank you for your interest in A Special Wish Foundation, Inc. We are pleased that you have considered exploring the possibilities of volunteer opportunities with our foundation.

This questionnaire will assist us in placing you in the volunteer position that is best for you. Please take a few moments to answer these questions and return this form to the local office of A Special Wish Foundation, Inc.

Personal Information

Name _____ Phone _____

Home Address _____ Birth Mo/Day/Yr _____

City _____ State _____ Zip _____

E-Mail Address _____

Marital Status S or M If married, name of spouse _____

Names and ages of your children _____

Best time and phone number to contact you _____

Employment

Name of Employer _____ Position _____

Address of Employer _____ Phone _____

City _____ State _____ Zip _____

Appropriate to contact you at work? Yes or No If so, what is the best time? _____

Educational Background _____

Business e-mail (if you wish to be e-mailed at work) _____

What brought A Special Wish to your attention? _____

Miscellaneous

Have you lost a child to a terminal disorder? Yes or No

If yes, what was the disorder _____

Have you lost a close friend or relative to death within the past 12 months? Yes or No

If yes, what was the relationship to you and what was the cause of death? _____

Do you have a vehicle for transportation? Yes or No AND A valid driver's license Yes or No

Have you ever been convicted of a felony? Yes or No

Volunteer Interests

Please check any of the following in which you have skills.

computers

photography

others (specify)

accounting

art and design

writing

public speaking

fundraising

foreign language

These skills are vital to the continuance of our program! Please make a commitment you can fulfill. Thank you!

What are the best days and times to which you can commit for attending meetings? _____

How many hours do you want to commit in terms of hours per month? _____

What is your preference regarding working with children/families in planning or developing wishes? Yes, I want to help with wishes No, but I want to help in other ways

If you have served as a volunteer for other organizations, please list them below:

Organization

Duties

Date

Would you be willing to submit to a background check? Yes or No

Personal References

Name

Address

Phone

I certify that the above information is correct and answered to the best of my knowledge.

Signature _____ Date _____

Local Chapter Address - 5340 East Main Street, Suite 208, Columbus, Ohio 43213