



Phone: (401) 781-9199

Fax: (401) 781-6227

1010 Warwick Avenue, Warwick RI 02888

## VOLUNTEER APPLICATION PACKET

Dear Prospective Volunteer,

Thank you for your interest in becoming a volunteer for A Wish Come True, Inc.

A Wish Come True is a local non-profit organization that grants wishes to children who have a life-threatening medical condition and are between the ages of 3 through 18 years of age. Founded in 1982 we are the first wish-granting agency to service the children of Rhode Island and Southeastern Massachusetts.

We are always in need of caring volunteers to help us carry out our mission. Volunteers are the backbone of our organization. Volunteers provide leadership, help grant wishes, organize fundraisers, promote the organization, help in the office, plan events and help us at events.

We welcome all volunteers. A description of the various volunteer positions is listed below. All volunteers may be required to attend a training designed to better prepare them for their respective roles within the organization.

- **BOARD MEMBER:** The role of a board member is to lead and govern the mission of granting wishes. This responsibility includes developing policies that govern the operation of the organization, monitor financial health and performance, and provide strategic vision to meet the needs of the children and families we serve. Board members attend a monthly board meeting and fundraising events, participate in occasional conference calls and attend meetings as needed with advisory board. Board members are involved in staff hiring and recruitment of new board members or volunteers. Members of the board may also consider joining organized committees. Board members are expected to represent the organization positively and enthusiastically to others in the community. Board members are encouraged to use their professional and personal experience to guide the organization to be a premier non-profit.
- **WISH GRANTING VOLUNTEER:** The role of the wish granter is to make the wishes of our wish children come true through creativity and imagination. Wish granters visit the family and interview the wish child, with the objective to determine the child's wish, explain our required paperwork to the parents/guardians and help them fill out the appropriate paperwork for their child's wish. This position requires excellent people skills, confidentiality, sensitivity and dependability. Wish granters have the privilege of seeing firsthand a child's most desired wish become a reality. Wish granting training is mandatory and will be provided at our office in Warwick. Wish granters must be 18 years of age or older.
- **OFFICE VOLUNTEER:** In this capacity, volunteers assist with the operations of the office during normal business hours (9:00 am – 5:00 pm, Monday - Friday). Hours and the amount of time is flexible depending on the volunteers schedule and the office needs. Occasionally there are some opportunities for volunteers to bring work home (envelope stuffing, phone calling, etc.). The support we need in the office includes data entry, special projects, answering phones, mailings, and other office-related activities.
- **SPECIAL EVENT VOLUNTEER:** We sponsor internal events each year. In addition, there are several external events sponsored by outside organizations taking place through the year that need volunteer support. Volunteers are needed to assist in the planning of these events and/or helping the day of the event. Each event provides an opportunity for our volunteers to have a great time while making a much needed contribution of time and effort on behalf of A Wish Come True, Inc.



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- **KIDS HELPING KIDS VOLUNTEER:** The program is coordinated through A WISH COME TRUE INC. and is designed to allow local children to sponsor wishes of children with life-threatening illnesses (wish kids). The local children do it all -- organize, fundraise and self-manage the program with the support of parent or teacher advisors. The Kids Helping Kids program helps to increase awareness of A Wish Come True's mission. It also fosters the value of community service and strengthens out-of-class relationships among teachers, students and parents by providing a common hands-on experience in helping to grant wishes to children with life-threatening illnesses. Volunteers are needed to make presentations to local school clubs and help in the coordination of these fundraisers.
- **STUDENTS IN ACTION:** This program is for the older student/students. High Schools and College level students are encouraged to help raise funds and awareness through fundraising. The student handles everything from choosing a fundraiser to actually coordinating the event. With the collaboration of staff and students, you are working together to make it possible to grant wishes to children in the local community.
- **GRANT WRITING VOLUNTEER:** If you have experienced in writing grants this is an area that we would welcome your help in. We will provide you with whatever background information that you need to write grants. You may choose to do the grant from your home or in our office.

If these or any other volunteer opportunities are of interest to you, then please fill out the enclosed volunteer application and mail it to our office address provided on the application. Please note that a background check is a prerequisite to becoming A WISH COME TRUE volunteer. In order to complete the check, which is conducted by the [Rhode Island](#) Attorney General's Office and if you are a [Massachusetts](#) resident by the Commonwealth of Massachusetts Criminal History Board, you are required to provide us with a **photocopy of your driver's license** when you send us the forms. The Rhode Island and the Massachusetts forms are both enclosed in this packet. Please fill out the form for the state that you reside in.

If you have any other questions about volunteering with A WISH COME TRUE, please contact us by phone at 401-781-9199 or by email [awish@awishcometrue.org](mailto:awish@awishcometrue.org) in regards to wish granting, fundraising, special events or grant writing.

Remember we cannot do what we do without Volunteers!



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## Volunteer Application

Please note that certain volunteer position require completion of a criminal background check every three years.

Please print legibly

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

May we contact you at work?  Yes  No Work telephone: \_\_\_\_\_

In case of emergency, whom should we contact? \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

What position are you applying for?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Board Member  | <input type="checkbox"/> Wish Granter       | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Office        | <input type="checkbox"/> Students in Action |   |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Kids Helping Kids  |   |

Do you hold a valid driver's license?  Yes  No

If yes, what state? \_\_\_\_\_

Have you ever had your driver's license suspended or revoked  Yes  No

If yes, please explain: \_\_\_\_\_



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**Volunteer History:**

Do you have volunteer experience?  Yes  No  
If yes, please list, beginning with your most recent experience.

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position held: \_\_\_\_\_

Person you reported to? \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Dates of Volunteer Service: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position held: \_\_\_\_\_

Person you reported to? \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Dates of Volunteer Service: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position held: \_\_\_\_\_

Person you reported to? \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Dates of Volunteer Service: \_\_\_\_\_

Have you ever been asked to step down from a volunteer position?  Yes  No  
If yes, please explain: \_\_\_\_\_

**Personal References: (please provide two non-family reference)**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

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



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## Volunteer Consent and Release

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

**ALL INFORMATION YOU PROVIDE WILL BE KEPT CONFIDENTIAL.**

I hereby authorize A Wish Come True, Inc. to schedule and complete a personal background check, including a criminal history.

Do you have any prior names or surnames?  Yes  No

If yes, please list names(s)

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- Please fill out and sign the authorization and release for criminal background check on the next page and mail it with the completed volunteer application to:

OPERATIONS MANAGER  
A Wish Come True, Inc.  
1010 Warwick Avenue  
Warwick, RI 02888

**IMPORTANT!!!!**  
**WE NEED A PHOTOCOPY OF YOUR**  
**DRIVERS LICENSE.**  
**PLEASE MAKE SURE IS READABLE**



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## **RHODE ISLAND RESIDENTS ONLY**

If you are a resident of “RHODE ISLAND” please fill out RI Attorney General Office form that is needed for us to do a background check. This form is on the next page. Please return to A Wish Come True with a copy of your Driver’s License. This information is kept strictly confidential.

### **Our address is:**

A Wish Come True, Inc.  
1010 Warwick Avenue  
Warwick, RI 02888



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awish@awishcometrue.org

**AUTHORIZATION AND RELEASE FOR CRIMINAL  
BACKGROUND INVESTIGATION**

I \_\_\_\_\_, of \_\_\_\_\_  
**(Full Name)** **(Street Address)**

\_\_\_\_\_, do hereby authorize the Attorney General’s office of  
**(City, State, Zip)**

the State of Rhode Island to release to **A Wish Come True, Inc.** of Rhode Island, any and all records relating to my criminal background, and I hereby release A Wish Come True, Inc. and all directors, officers, and other individuals connected therewith from any and all liability for any damages related thereto. I have attached hereto a copy of my driver’s license.

My date of birth is: \_\_\_\_\_

My driver’s license number is: \_\_\_\_\_

\_\_\_\_\_  
(Signature of volunteer applicant)

\_\_\_\_\_  
(Date)

State of Rhode Island County of \_\_\_\_\_ Subscribed and sworn  
to before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)



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## **MASSACHUSETTS RESIDENTS ONLY**

If you are a resident of “MASSACHUSETTS” please fill out the form the Commonwealth of Massachusetts needs from us to do a background check. This form is on the next page. Please return to A Wish Come True with a copy of your Driver’s License. This information is kept strictly confidential.

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AWISH  
172H  
FF1835

**CHAPTER 6, §172H CORI REQUEST FORM**

A Wish Come True is requesting all the available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board pursuant to Chapter 6 §1721-I which mandates organizations primarily engaged in providing activities or programs to children 18 years of age or less that accepts volunteers, to obtain all CORI regarding volunteers prior to accepting any person as a volunteer.

**VOLUNTEER INFORMATION (PLEASE PRINT)**

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LAST NAME                                      FIRST NAME                                      MIDDLE NAME

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MAIDEN NAME OR ALIAS (IF APPLICABLE)                                      PLACE OF BIRTH

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DATE OF BIRTH                                      SOCIAL SECURITY NUMBER                                      MOTHER'S MAIDEN NAME  
(Requested but not required)

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CURRENT AND FORMER ADDRESSES:

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SEX: \_\_\_ HEIGHT: ft. in.                                      WEIGHT:                                      EYE COLOR:

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STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_

\*\*\*THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

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REQUESTED BY: \_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE