



**A Wish Come True, Inc.**

6 Jefferson Drive Coventry, RI 02816 401-781-9199 Fax 401-781-6227

“Dreams are only A WISH Away”

**Volunteer Application**

The mission of A Wish Come True is to grant wishes and provide resources to families that have a child with a life-threatening or critical illness, ages 3-18, living in Rhode Island and Massachusetts. Our organization encourages the participation of volunteers who support our mission. If you agree with our mission, please complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

**Full Name:**

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**Address:**

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**City:**

**State:**

**Zip:**

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**Telephone Number (home)**

**(cell)**

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**Email Address:**

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**In case of emergency, whom should we contact?**

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**Name:**

**Telephone Number:**

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**Relationship:**

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**Any special talents or computer skills you have that you feel would benefit our organization?**

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Are you willing to travel? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what areas are you willing to volunteer? \_\_\_\_\_

Please indicate days available: MON TUE WED THU FRI SAT SUN

Times available: FROM: TO: \_\_\_\_\_

*As a volunteer of our organization, I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis, and I am not eligible to receive any monetary payment or reward.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*If under 18, please have a parent or guardian sign below:*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Please fill out and email back to us at [awish@awishcometrue.org](mailto:awish@awishcometrue.org)*