

#### CELEBRATING SENIORS AND MAKING DREAMS COME TRUE

### Volunteer "Angel" Application

Thank you for your interest in Twilight Wish Foundation. Please fill in all of the information requested below and sign the form where indicated. Upon completion, please mail or fax your application.

#### A. Personal Information

Name:	Birth Date:		
Street Address:			
City:	State:	Zip:	
Phone:	Cell:	Fax #:	
Email address:			
Employer:		Position:	
Number of years with employer:	If less than 1 year please explain:		
Name:	ersonal and professional references): Title:		
Street Address:			
City:			
Phone:			
Name:			
Street Address:			
City:			

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Name:	Phone:	Cell:
C. Volunteer Opportunitie	es	
areas that interest you. If you have		r organization. Below, please check all of these areas, please make brief notes o learning about you.
receiving your volunteer applicat to accept you as a TWF volunteer	ion. TWF's receipt of your form er. Your signature further acknow	nat Twilight Wish Foundation ("TWF") is does not constitute an agreement by TWF rledges that if you are accepted as a TWF venture, or independent contractor of
Please check all areas that	interest you.	
O General Administration (making follow-up phone cal Experience:	ls).	Power Point; filing and organizing;
equipment, and equipment t	Design (working with video that makes short movies, slid	1 0 ,
O Planning and Developmen	nt	
Experience:		
O Marketing Experience:		
O Writing and Editing		
Experience:		
e , e	<u> </u>	vishes; helping us to secure donors,
both individual and corpora	,	
Experience:		
Experience:	and coordinating fundraising	g and big wish-granting events)
1	ing details of wishes; particip	pating in wish-granting events)

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Name:	Phone:	Cell:
D. Disclosure		
Have you ever been convicted of or p If yes, describe each in full. Also indic		me(s): O Yes O No (s) and in which county and state each took place.
E. Certification, Consent, and	1 Waiver	
I declare that all of the information grands knowledge.	iven by me in this ap	plication is true and complete to the best of my
extent deemed necessary by TWF, incommon criminal background checks), contact volunteer, I agree to abide by all TWF directions of any officer or employee activities may involve travel and/or, it behalf of my heirs and assigns: (1) I we participation and (2) I release and discommon travel and all claims, demand	cluding searches of late with former employ F rules, regulations, prof TWF. I acknowled to certain circumstantially and voluntary charge TWF and all des, costs, expenses, a	all information given in this application to the aw enforcement and public records (including vers and reference interviews. If accepted as a TWF policies and philosophies, and all decisions and edge that my participation in TWF volunteer ces, risk of physical injury. For myself, and on all accept and assume all such risks of persons and entities associated or affiliated with and compensation arising out of or in any way be present at any TWF sponsored event.
THAT I HAVE GIVEN UP CHAGREEING TO THESE TERMS FREELY AND VOLUME	ERTAIN RIGHT MS, AND I SIGN UNTARILY ANI GREE TO INFOR	THE FOREGOING, INCLUDING S BY MY SIGNING THIS FORM AND N THIS FORM AND AGREE TO THESE D WITHOUT INDUCEMENT OF ANY RM TWF IN A TIMELY MANNER IF NGES.
Signature		
Print Name		Date