



CELEBRATING SENIORS AND MAKING DREAMS COME TRUE

## Volunteer 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: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Date of birth #: \_\_\_\_\_

Email address: \_\_\_\_\_

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

Number of years with employer: \_\_\_\_\_ If less than 1 year please explain: \_\_\_\_\_

\_\_\_\_\_  
\*NOTE: RESUME or CV may be attached.

### B. References *(Please provide personal and professional references):*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax#: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

[www.TwilightWish.org](http://www.TwilightWish.org)

P.O. Box 1042 Doylestown, PA 18901

Toll Free 1.877.TWF.WISH    1.877.893.9474    Phone: 215.230.8777    Fax: 215.230.8770

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax #: \_\_\_\_\_

### C. Volunteer Opportunities

We are looking for volunteers to help us with many aspects of our organization. Below, please check all areas that interest you. If you have experience with one or more of these areas, please make brief notes about your experiences on the lines provided. We look forward to learning about you.

Sign the document at the bottom. By signing, you acknowledge that Twilight Wish Foundation ("TWF") is receiving your volunteer application. TWF's receipt of your form does not constitute an agreement by TWF to accept you as a TWF volunteer. Your signature further acknowledges that if you are accepted as a TWF volunteer, you will not be considered an employee, partner, joint venture, or independent contractor of TWF.

*Please check all areas that interest you:*

☐ Wish Granting (take part in Wish Committee meetings; assist with coordinating details of wishes; participating in wish-granting events; discover new wishes)

☐ General Administration (typing; Excel, MS Word, or Power Point; filing and organizing; making follow-up phone calls).

Experience: \_\_\_\_\_

☐ Video Production or Web Design (working with video recorder/camcorder, video editing equipment, and equipment that makes short movies, slideshows, and web pages).

Experience: \_\_\_\_\_

☐ Development or Marketing

Experience: \_\_\_\_\_

☐ Special Events (planning and coordinating fundraising and big wish-granting events)

Experience: \_\_\_\_\_

### D. Geographic location

Which chapter are you interested in volunteering with? \_\_\_\_\_

## E. Disclosure

Have you ever been convicted of or pled guilty to any crime(s): ☐ Yes ☐ No

If yes, describe each in full. Also indicate date(s) of crime(s) and in which county and state each took place.

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## F. Certification, Consent, and Waiver

I declare that all of the information given by me in this application is true and complete to the best of my knowledge.

I consent to the investigation and verification by TWF of all information given in this application to the extent deemed necessary by TWF, including searches of law enforcement and public records (including criminal background checks), contact with former employers and reference interviews. If accepted as a TWF volunteer, I agree to abide by all TWF rules, regulations, policies and philosophies, and all decisions and directions of any officer or employee of TWF. I acknowledge that my participation in TWF volunteer activities may involve travel and/or, in certain circumstances, risk of physical injury. For myself, and on behalf of my heirs and assigns: (1) I willingly and voluntarily accept and assume all such risks of participation and (2) I release and discharge TWF and all persons and entities associated or affiliated with TWF from any and all claims, demands, costs, expenses, and compensation arising out of or in any way relating to my participation as a TWF volunteer in or while present at any TWF sponsored event.

**I HAVE READ AND FULLY UNDERSTAND THE FOREGOING, INCLUDING THAT I HAVE GIVEN UP CERTAIN RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT OF ANY KIND. FURTHERMORE I AGREE TO INFORM TWF IN A TIMELY MANNER IF ANY INFORMATION IN THIS FORM CHANGES.**

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_