

WONDERS & WORRIES VOLUNTEER APPLICATION

Date of Application _____

Name _____ Social Security Number _____ - _____ - _____

Permanent Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail address _____

Driver's License Number _____ State Issued _____ Birthdate _____

Occupation _____ Employer / School _____

Employer / School Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Fax _____ E-mail address _____

Criminal Record: Have you ever been convicted of a felony or misdemeanor other than minor traffic offenses? Y N If so, please attach explanation.

Harassment: Wonders & Worries policy is to prohibit all forms of harassment by our volunteers. This includes sexual, racial religious, and other forms of harassment. Have you ever been accused of harassment of any person including, but not limited to, workplace harassment? Y N If so, please attach explanation.

NOTE: A prior conviction or accusation is not an automatic bar from volunteering. The type of conviction or accusation will be evaluated by Wonders & Worries, Inc. before any decision is made.

AUTHORIZATION TO CHECK CRIMINAL RECORDS

I, _____, hereby authorize Wonders & Worries, Inc. to obtain information pertaining to any charges I may have for federal and state criminal law violations. This information will include convictions committed upon minors and adults, and will be gathered from any law enforcement agency of this state or any other state or federal government to the full extent permitted by law.

I understand that such access is for the purpose of considering my application as a volunteer and that I expressly DO NOT authorize Wonders & Worries, Inc., its employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Signed _____ Date _____

(Signature of Applicant)

Describe your experience in working with children, including, but not limited to any who have had an illness or have been affected by illness in their family:

What contributions do you think you can make at Wonders & Worries, Inc. to fulfill the special needs of children and their families impacted by serious illness?

What contributions do you think Wonders & Worries, Inc. can make to these families coping with serious illness?

How did you hear about Wonders & Worries, Inc.?

Please list 3 personal references (other than relatives) that we may contact who have knowledge of your character, experience and ability.

Name of Reference _____
Day Phone _____ Evening Phone _____
Address _____
City _____ State _____ Zip _____

Name of Reference _____
Day Phone _____ Evening Phone _____
Address _____
City _____ State _____ Zip _____

Name of Reference _____
Day Phone _____ Evening Phone _____
Address _____
City _____ State _____ Zip _____

Would you be available to attend a personal interview? _____ Yes _____ No

CONDITIONS OF ACCEPTING A VOLUNTEER POSITION

1. All information regarding Wonders & Worries clients is highly confidential. You agree to never release any information regarding Wonders & Worries clients unless given permission by Wonders & Worries, the client, and the client's parent if the client is a minor.
2. You agree to attend an orientation to Wonders & Worries, Inc. prior to beginning placement and will attend supervision sessions as necessary.
3. You will make every effort to arrive as scheduled for your volunteer placement, however, if unable to do so, will call as soon as possible to cancel.
4. You will report any communicable disease exposure, such as chicken pox, tuberculosis, etc. to the Wonders & Worries staff as soon as possible.
5. Wonders & Worries, Inc., shall have permission to use your image or voice recording in print or on film or video for use in any advertisement or promotion concerning Wonders & Worries. Such use shall include, but shall not be limited to, any advertisement or promotion on television, radio, newspaper, magazine, promotional film, web page or flier, etc.
6. Wonders & Worries, Inc. accepts no responsibility for the loss, damage, or theft of your property.
7. In case of emergency Wonders and Worries should contact:
Name _____
Address _____
Phone (H) _____ (W) _____ (C) _____
8. You agree to report to the Wonders & Worries Professional Staff any accident or injury at the time of the incident.
9. You understand that untrue, misleading, or omitted information herein or in other documents may result in dismissal, regardless of the time of discovery by Wonders & Worries, Inc.

All information is correct so far as I know. I acknowledge that I have read and understand and will accept all terms and conditions listed above pending my acceptance as a Wonders & Worries volunteer:

Signed _____ Date _____