

WHAT ATTRACTED YOU TO THE WISHES FOR CHILDREN FOUNDATION?

WHAT SKILLS, TRAINING, OR KNOWLEDGE DO YOU HAVE THAT YOU WILL UTILIZE TO BENEFIT THE WISHES FOR CHILDREN FOUNDATION?

DESCRIBE A PERSONAL OR WORK SITUATION WHEN YOU FELT, OR WOULD FEEL, SUCCESSFUL: _____

WHAT TRAINING, RESOURCES, OR SUPPORT, IF ANY DO YOU ANTICIPATE NEEDING FOR THIS VOLUNTEER POSITION? PLEASE INCLUDE ANY ACCOMODATIONS FOR DISABILITIES:

PLEASE PROVIDE TWO PERSONAL OR PROFESSIONAL REFERENCES:

Name	Phone Number	Relationship
1. _____	_____	_____
2. _____	_____	_____

ARE YOU A HIGH SCHOOL STUDENT? YES NO GRADE: 9 10 11 12

IF YES, PLEASE LIST NAME OF HIGH SCHOOL: _____

I hereby attest that the above information is true to the best of my knowledge. My signature releases the Wishes for Children Foundation of all liabilities arising from my actions while working with Wishes for Children Foundation.

Applicant Signature Date

IF UNDER THE AGE OF 18, PLEASE HAVE PARENT OR GUARDIAN COMPLETE THE FOLLOWING SECTION AUTHORIZING THE MINOR TO WORK WITH THE WISHES FOR CHILDREN FOUNDATION:

As the parent or guardian of the above named person, I authorize them to work with the Wishes for Children Foundation. My signature releases the Wishes for Children Foundation of all liabilities arising in the course of work of the above names minor with the Wishes for Children Foundation.

NAME: _____ DATE: _____
Please Print

SIGNATURE: _____

Please fill out the application and send it to:

Wishes for Children Foundation
Attn: Charles Pate
44752 Corte Sanchez
Temecula, CA 92592
