



## **Young Wishmakers of Wisconsin Application**

*Thank you for your interest in becoming a member of the Young Wishmakers of Wisconsin (YWOW) for Make-A-Wish® Wisconsin. The YWOW is designed to give each member a diverse and rewarding experience while working towards fulfilling the Make-A-Wish® mission of granting the wishes of children with life-threatening medical conditions to enrich the human experience with hope, strength and joy.*

### **HOW DO I BECOME A YWOW MEMBER?**

In order to provide wish children and their families with the best experience possible, we require all potential members to go through an application process before becoming an active Make-A-Wish volunteer and YWOW member.

Once your application and conflict of interest are received, it takes about 2 weeks to process and approve. After your application is processed, you will be contacted with detailed instructions as it relates to the next steps based on the opportunities available.

### **WHY DO I NEED A BACKGROUND CHECK?**

Due to the nature of Make-A-Wish, volunteer positions must successfully complete a criminal background check. Make-A-Wish does not employ or utilize any individual who has been convicted of a crime that (a) victimizes children, (b) is sexual in nature or (c) involves violence, fraud or significant theft. Please contact us with any questions related to past convictions and/or our background check screening process.

### **WHO DO I CONTACT WITH QUESTIONS?**

- **Corporate Relations & Events Manager**, Andrea Hug, (414) 763-0472 or [ahug@wisconsin.wish.org](mailto:ahug@wisconsin.wish.org)

### **HOW DO I SUBMIT MY APPLICATION?**

Please complete and submit pages 2-5 of this packet to our office via fax, email or mail.

Make-A-Wish Wisconsin  
Attn: YWOW Membership  
11020 W Plank Ct. Suite 200, Wauwatosa WI 53226  
[ahug@wisconsin.wish.org](mailto:ahug@wisconsin.wish.org) Fax (262) 781-3736

### **PRIVACY & PROTECTION OF INFORMATION**

Security of information is extremely important to us. All information submitted is available to and accessed by only relevant personnel. Information is never sold or shared outside of Make-A-Wish.



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Please note that all YWOW members are required to complete this application and a signed Conflict of Interest and Ethics Statement.

### Personal Information

Title:	Name: <small>First</small>	Middle	Last
Nickname/ Preferred Name:		Shirt Size:	
Address: <small>Street</small>		City	State      Zip
County:		Birth Month/Day/Year:	
Phone: <small>Home</small>	Cell	Preferred Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell	
Email:			
Spouse Name:			
Spouse Employer:			
Children's Names and Ages:			

### Employment Information

Employer:	Title:		
Address: <small>Street</small>	City	State	Zip
Work Phone:	May We Contact You at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Would your company be interested in becoming involved with Make-A-Wish? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How long have you been with your current employer:			

### Emergency Contact Information

Emergency Contact:	Relationship:
Emergency Contact Phone:	
Emergency Contact Email:	

**Professional Skills** – Select skills in which you have a professional capability and/or are fluent.

- Construction / Carpentry, please specify: \_\_\_\_\_
- Entertainment Skills, please specify: \_\_\_\_\_
- Graphic Design / Art Design
- Interior Decorating
- Language, please specify: \_\_\_\_\_
- Photography
- Professional Certifications, please specify: \_\_\_\_\_
- Writing
- Communication/Social Media
- Other: \_\_\_\_\_

**Interests & Hobbies**

- Playing Music
- Concerts
- Watching Sports \_\_\_\_\_
- Playing Sports \_\_\_\_\_
- Golf
- Art
- Working Out \_\_\_\_\_
- Food
- Movies/Films
- Playing Games
- Singing
- Travel
- Shopping
- Camping
- Social Media
- Volunteering
- Other \_\_\_\_\_

Briefly describe yourself and what motivated you to become a YWOW member.

What are you looking to get out of this volunteer experience?

Describe one main way you would like to contribute to YWOW and Make-A-Wish?

How did you hear about Make-A-Wish Wisconsin?

I affirm that the information I have given on this form is true and correct. The information that I have provided may be verified by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me, or by conducting a criminal background check.

I have read and understood the YWOW description and roles and am able to perform those roles in which I've applied for. I am volunteering my time for personal reasons and understand I will not be paid for my services as a volunteer and I expect no compensation. Furthermore, I understand that this application will help in determining the best fit of my skills for Make-A-Wish. I will notify the Make-A-Wish Wisconsin office if, for any reason, I am unable to fulfill my commitment.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



(Rev. 1/8/18)

**ANNUAL CONFLICT OF INTEREST AND  
ETHICS ASSURANCE STATEMENT**

As an employee or volunteer of the Make-A-Wish Foundation (the "Foundation"), I have an obligation to the Foundation and the constituencies it serves to comply with the highest standards of ethical conduct. I will not commit acts contrary to those standards, and I will promptly report to appropriate Foundation representatives – either directly, or through MySafeWorkplace (a 24-hour confidential whistle-blower hotline that can be accessed at [www.MySafeWorkplace.com](http://www.MySafeWorkplace.com) or by calling 1-800-461-9330) – the commission of any such acts by others within the Foundation. I understand that my responsibilities include the following:

**Ethics and Legal Assurance**

- I will at all times: (a) perform my duties in accordance with relevant laws, regulations and Foundation policies and standards; (b) promote the attainment of the Foundation's legitimate and ethical objectives; and (c) represent the interests of all constituencies served by the Foundation and not favor special interests inside or outside the Foundation in connection with Foundation business.
- I will refrain from: (a) violating any criminal or civil law or regulation, the violation of which may reflect poorly on the Foundation; and/or (b) engaging in or supporting any activity that would discredit the Foundation.
- I will submit to a criminal background check every three years (or more frequently if required by the Foundation), and I agree to disclose at the time I execute this document and thereafter as the same may arise any official investigations of criminal activities, arrests and/or convictions involving me (other than for routine traffic offenses not involving drugs or alcohol).

**Conflict Of Interest**

- I will either avoid, or will promptly disclose and recuse myself from any decisions involving, any activity or practice which conflicts with, or can be perceived as conflicting with, the interests of the Foundation, including but not limited to situations where I, or a relative, friend or business acquaintance of mine, proposes to provide goods or services to the Foundation for consideration.
- I will refrain from using Foundation property or resources for personal profit or advantage, or for any purpose not related to the activities of the Foundation.
- I will refuse any personal gifts, loans, favors or other consideration of more than nominal value from any Foundation vendor, sponsor or other outside party that would influence, or could be perceived as influencing, my actions or the actions of others.

**Confidentiality**

- During my involvement with the Foundation and thereafter, I will maintain the confidentiality of any information regarding the Foundation, wish children and their families, donors and volunteers that has not been released publicly, unless legally obligated to do otherwise.
- I will refrain from using or appearing to use confidential information acquired in the course of my service for unethical or illegal advantage, either personally or through third parties.

***I have read, understand and agree to be bound by the above standards.***

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Print name

Signature

Date