

# Volunteer Intern Application

Make-A-Wish® Orange County and the Inland Empire



## CONTACT INFORMATION

Title:	First Name:	Middle:	Last Name:	
Nickname:				
Address of Current Residence:		City	State	Zip
Permanent Address (if different from above):		City	State	Zip
Home Phone: (     )     -		Cell Phone: (     )     -		
E-mail:		Birth Month:	Day:	
Employer:		Position Title:		
Employer Address:		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				
Emergency Contact:		Relationship:	Contact Phone: (     )     -	
Please note any languages you speak fluently (other than English) and your level of fluency:				
Language	Read	Write	Speak	Understand
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## VOLUNTEER INFORMATION

How did you hear about Make-A-Wish®?
In a few words, describe yourself and what motivated you to intern at this time in your life.
What are you looking to get out of this intern experience?

## INTERNSHIP PREFERENCES

Session applying for: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Academic Year ( <i>Fall &amp; Spring</i> )		
Interning for school credit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Desired # hours a week:	Total # hours required:	What School?
I am interested in the following department(s) <i>*If available</i> :		
<b>IRVINE OFFICE</b> <input type="checkbox"/> Program Services (Wish) <input type="checkbox"/> Volunteer Services <input type="checkbox"/> Event Planning <input type="checkbox"/> Public Relations/Marketing <input type="checkbox"/> Development/Fundraising <input type="checkbox"/> Office Admin. <input type="checkbox"/> Graphic Design <input type="checkbox"/> Web Design <input type="checkbox"/> Community Outreach <input type="checkbox"/> Other:		<b>RIVERSIDE OFFICE</b> <input type="checkbox"/> Program Services (Wish) <input type="checkbox"/> Volunteer Services <input type="checkbox"/> Development <input type="checkbox"/> Office Admin. <input type="checkbox"/> Community Outreach <input type="checkbox"/> Other:

## SKILLS & EXPERIENCE

Please rate your experience in/with the following (*not all are required):					
	No Experience		Basic Knowledge		Advanced
MS Office – Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS Office – Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS Office – Publisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS Office – Outlook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blackbaud/Raiser's Edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have experience with any other programs, software, databases, etc.? Please specify.					

## AVAILABILITY

Are you available to intern for more than one semester/session? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Approx. Start Date:		Approx. End Date:		Preferred Office: <input type="checkbox"/> Riverside <input type="checkbox"/> Irvine	
What will be your primary mode of transportation to your internship?					
How did you find out about this internship?					
<b>SCHEDULE</b> Our offices are open <b>8am-5pm, Mon-Fri.</b>	<b>Monday</b> <input type="checkbox"/> Morning <input type="checkbox"/> Mid-Day <input type="checkbox"/> Afternoon <input type="checkbox"/> Time:	<b>Tuesday</b> <input type="checkbox"/> Morning <input type="checkbox"/> Mid-Day <input type="checkbox"/> Afternoon <input type="checkbox"/> Time:	<b>Wednesday</b> <input type="checkbox"/> Morning <input type="checkbox"/> Mid-Day <input type="checkbox"/> Afternoon <input type="checkbox"/> Time:	<b>Thursday</b> <input type="checkbox"/> Morning <input type="checkbox"/> Mid-Day <input type="checkbox"/> Afternoon <input type="checkbox"/> Time:	<b>Friday</b> <input type="checkbox"/> Morning <input type="checkbox"/> Mid-Day <input type="checkbox"/> Afternoon <input type="checkbox"/> Time:

- I certify that I am at least 18 years of age.  
 I have completed and reviewed this entire application and attest that the information provided is true.  
 I understand that becoming a volunteer intern with the Make-A-Wish Orange County and the Inland Empire requires completion of a criminal background check (cost = \$26.03) as well as a formal intern orientation.

Please sign and date below OR type name below, with electronic initials (ex: Name: John Doe / Initials: JD) and date.

NAME:		ELECTRONIC INITIALS:		DATE:	
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