



Wish of a Lifetime (WOL)

Volunteer Form

Please complete entire form and return it WOL

Please print legibly:

Name _____

Address _____

City, State, Zip _____

Email _____

Phone (__ work __ home __ cell) _____

What is the best way to reach you? __ Email __ Phone

Availability:

Weekday Mornings

Weekday Afternoons

Weekday Evenings

Weekend Days

Weekend Evenings

Schedule too varied to determine

Tell us about yourself:

Education information _____

Current Occupation _____

Hobbies, skills, interest _____

Do you have any specific experience with Senior Citizens? __ Yes __ No

If yes, please explain:

Area of interest:

Special Events Fundraising Wish Committee Office Work

Community Outreach PR/Marketing

Other (Please Explain) _____

Do you have access to a vehicle to get to and from different volunteer locations? __ Yes __ No

What would you like to get out of volunteering with us?

Are you willing to reach out to your network; help plan fundraising events and raise money for us?

How did you find out about Wish of a Lifetime?

I certify that all information provided on this application is correct. In consideration of acceptance of this volunteer position, I, the undersigned, do waive any and all claims for myself and my heirs against Jeremy Bloom's Wish of a Lifetime any sponsors or exhibitors, and all officials and volunteers involved in this event for any injury or illness which may directly or indirectly result from my participation with Jeremy Bloom's Wish of a Lifetime even though their liability may arise out of negligence or carelessness on their part..

I hereby grant full permission to any and all of the aforementioned to use any photographs, videotapes, motion pictures, recordings and any other record of my participation with for publicity and/or promotional purposes without any obligation or liability to me.

Volunteer Signature _____ Date _____

Please note that, if you are selected for a volunteer position with Jeremy Bloom's Wish of a Lifetime on the Wish Committee we will do a background check.

Your signature authorizing a background check:

_____ Date _____