

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? ☐ Yes ☐ No		
Would your company be interested in becoming involved with Make-A-Wish? ☐ Yes ☐ 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
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

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

SKILLS & EXPERIENCE

Please rate your experience in/with the following (*not all are required):					
	No Experience		Basic Knowledge		Advanced
MS Office – Word	☐	☐	☐	☐	☐
MS Office – Excel	☐	☐	☐	☐	☐
MS Office – Publisher	☐	☐	☐	☐	☐
MS Office – Outlook	☐	☐	☐	☐	☐
Blackbaud/Raiser's Edge	☐	☐	☐	☐	☐
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? ☐ Yes ☐ No					
Approx. Start Date:		Approx. End Date:		Preferred Office: ☐ Riverside ☐ Irvine	
What will be your primary mode of transportation to your internship?					
How did you find out about this internship?					
SCHEDULE Our offices are open 8am-5pm, Mon-Fri.	Monday ☐ Morning ☐ Mid-Day ☐ Afternoon ☐ Time:	Tuesday ☐ Morning ☐ Mid-Day ☐ Afternoon ☐ Time:	Wednesday ☐ Morning ☐ Mid-Day ☐ Afternoon ☐ Time:	Thursday ☐ Morning ☐ Mid-Day ☐ Afternoon ☐ Time:	Friday ☐ Morning ☐ Mid-Day ☐ Afternoon ☐ 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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