



CELEBRATING SENIORS AND MAKING DREAMS COME TRUE

Volunteer "Angel" Application

Please fill in all of the information requested below and sign the form where indicated.

Then Fax or mail this application to:

Twilight Wish Foundation P.O. Box 1042 Doylestown, PA 18901 Fax 215-230-8770

A. Personal Information

Name: _____ Birth Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

Email address: _____ Social Security Number: _____

Employer: _____ Position: _____

Number of years with Company: _____ If less than 1 year please explain: _____

B. References *(Please provide personal and professional references):*

1. Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax#: _____

2. Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax#: _____

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C. Volunteer Opportunities

We are looking for volunteers in the following areas. Please check all areas that interest you. By signing the end of this document, you acknowledge that the acceptance by Twilight Wish Foundation ("TWF") of this form does not constitute an agreement by TWF to accept you as a TWF volunteer. You further acknowledge that if you are accepted as a TWF volunteer, you will not be considered an employee, partner, joint venturer or independent contractor of TWF.

Please check all areas that interest you.

- General Administration (Office skills, typing, excel, MS word, filing and clerical duties)
- Planning and Development (Business Development)
- Fundraising Committee (Grant writing and Event planning)
- Wish Committee (Brainstorming ideas for wish granting, reviewing and voting on wishes to be granted, policy recommendations regarding wish management)

Participate in special Twilight Wish Foundation Events

- Senior Group Award Celebration Events
- Individual Wish Granting Events

Direct services in a nursing home or assisted living facility

- Hand holding
- Storytelling
- Choral groups
- Playing music
- Acting
- Trip Assistance

Personal Care (must be credentialed)

- Nails (*Applicable credentials:*) _____
 - Hairdresser (*Applicable credentials:*) _____
 - Massages: (*Applicable credentials:*) _____
 - Other: _____
- (*Applicable credentials:*) _____

Direct services for independent elders

- Assistance with home maintenance
- Assistance with lawn maintenance
- General Companion
- Food shopping

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Other

Starting a chapter

Medical Transport Service Organizations

Translation Services

Individual Ideas or Specialties

Other (please provide details) _____

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D. Disclosure

Have you ever been convicted of or pled guilty to any crime(s): Yes No

If yes, describe each in full. Also indicate date(s) of crime(s) and in which county and state each took place.

E. Certification, Consent and Waiver

I declare that all of the information given by me in this application is true and complete to the best of my knowledge. I consent to the investigation and verification by TWF of all information given in this application to the extent deemed necessary by TWF, including searches of law enforcement and public records (including criminal background checks), contact with former employers and reference interviews. If accepted as a TWF volunteer, I agree to abide by all TWF rules, regulations, policies and philosophies, and all decisions and directions of any officer or employee of TWF. I acknowledge that my participation in TWF volunteer activities may involve travel and/or, in certain circumstances, risk of physical injury. For myself, and on behalf of my heirs and assigns: (1) I willingly and voluntarily accept and assume all such risks of participation and (2) I release and discharge TWF and all persons and entities associated or affiliated with TWF from any and all claims, demands, costs, expenses, and compensation arising out of or in any way relating to my participation as a TWF volunteer in or while present at any TWF-sponsored event.

I HAVE READ AND FULLY UNDERSTAND THE FOREGOING, INCLUDING THAT I HAVE GIVEN UP CERTAIN RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT OF ANY KIND. FURTHERMORE I AGREE TO INFORM TWF IN A TIMELY MANNER IF ANY INFORMATION IN THIS FORM CHANGES.

Signature _____

Print Name _____ Date _____

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www.TwilightWish.org

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