



Student Volunteer Application

Volunteer Information

Name: _____ Date of Birth: _____

Address: _____
Complete Street Address City State Zip Code

Email: _____ Phone: _____

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

Please circle your preferred days to volunteer: Su Mon Tues Wed Thurs Fri Sat

If you participate in any clubs, sports or other extra curricular activities please list them below:

My Favorites:

Color _____ Music/Singer _____

Book/Story _____ Hobby _____

Game _____ Movie _____

Food _____ TV Show _____

Cake/Candy _____ Actor/Actress _____

Snack Food _____ Sport/Athlete _____

Class in School _____ Pet/Animal _____

Restaurant _____ Other _____

School Information

Name: _____ Grade: _____

Address: _____
Complete Street Address City State Zip Code

PARENT(S)/LEGAL GUARDIAN(S) Information

Name: _____

Address: _____
Complete Street Address City State Zip Code

Email: _____ Phone: _____ Emergency Phone: _____

I give permission for my son/daughter to participate as a volunteer with Make-A-Wish Southern Nevada. I do hereby accept full responsibility for any and all liability resulting from these activities. I further agree not to hold Make-A-Wish Southern Nevada liable for any injury sustained by my child. I also give permission for MAWSN staff to take photos and other visual/audio recordings of my child during their volunteer activities and consent of releasing and showing the materials as they deem appropriate.

Parent/Legal Guardian Signature: _____ Date: _____