

Volunteer application form

Personal Data:

Firstname and Surname : _____
Date of birth : _____ Woman Man
Home Address : _____ Zip Code : _____ City : _____
Phone number : _____ Email : _____
Languages spoken and level : _____

Health :

Do you have any health problems we should know ?

Yes No If yes, which one(s): _____

Mobility :

Do you have a driving license ? Yes No

Do you have a car ? Yes No

Previous volunteering experience(s) (organisation's name, address, kind of work, length) :

Why do you want to be involved with Make-A-Wish ?

Availability for Make-A-Wish: (multiple choice possible)

How many hours per week : _____

Morning Afternoon Evening Weekend

Preferences : What are your preferences ?

Fundraising / Events / Promotion

Wish capture and realization (in this case, we need a criminal record extract from you, that we will reimburse)

Digital Marketing (content creation, website management)

Graphic Design (creation of communication tools: flyers, brochures, promotional visuals)

Administrative tasks

Other (please clarify) :

IBAN number and account owner name : _____

Please send us this form back per email with your CV attached: info@makeawish.ch