

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