



## Volunteer Ambassador Application

Please fill in all of the information requested below and sign the form where indicated. Fax or mail to:  
Senior Wishes, One Fox Run Lane, Orchard Park, NY 14127 Fax 716-662-6985

### A. Personal Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

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

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### C. Volunteer Experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### D. Availability: (check all that apply)

\_\_\_\_\_ Weekday Mornings  
\_\_\_\_\_ Weekday Afternoons  
\_\_\_\_\_ Weekday Evenings

\_\_\_\_\_ Weekend Mornings  
\_\_\_\_\_ Weekend Afternoons  
\_\_\_\_\_ Weekend Evenings

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**E. Volunteer Opportunities:**

We have many volunteer opportunities available, and will work with you to utilize your talents. Please check all areas that interest you, or provide us with details on your interests.

\_\_\_\_\_ Outreach – Represent Senior Wishes at community events, such as health fairs

\_\_\_\_\_ Fundraising – Event Planning, Grant Writing, Dress Down Days

\_\_\_\_\_ Event Volunteer – Assist at Sips, Suds and Sweets Fundraiser

\_\_\_\_\_ Communications – Marketing, Public Relations, Speaking on behalf of Senior Wishes to local organizations

\_\_\_\_\_ Wish Granting Committee – Reviewing and voting on wishes to be granted and coordinating wish fulfillment; Assist in making arrangements for wish fulfillment and delivering wishes to recipients. Meets Mondays at Noon.

**F. Disclosure:**

Have you ever been convicted of or pled guilty to any crime(s): \_\_\_\_\_Yes \_\_\_\_\_No

**G. Photo Release:**

I grant Senior Wishes, its representatives and employees the rights to take photographs of me in connection with the Senior Wishes program. I authorize the use and publishing of photographs of me, with or without my name, and for any lawful purposes including purpose of publicity, advertising, social media or website content.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I acknowledge that the acceptance of this form by Senior Wishes does not constitute an agreement by Senior Wishes to accept me as a Senior Wishes volunteer. I further acknowledge that if I am accepted as a Senior Wishes volunteer, I will not be considered as an employee, partner, joint venture or independent contractor of Senior Wishes or the United Church Home Society.

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_