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*Unexpected  
Moments of  
Magic  
Foundation*

*Making a difference one moment at a time.*

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### **Volunteer Packet Checklist**

- ❑ **Volunteer Application**
- ❑ **Volunteer Agreement**
- ❑ **Volunteer Reference Form**
- ❑ **Statement of Motivation**
- ❑ **Copy of Current Resume**



# Volunteer Application

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Nationality: \_\_\_\_\_

Sex: Male  Female

Date of Birth:    /   /     
dd mm yy

Email: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Current Occupation: \_\_\_\_\_ Languages Spoken: \_\_\_\_\_

1. How did you hear about UMMF? \_\_\_\_\_  
\_\_\_\_\_
2. What are your desired starting and ending dates? \_\_\_\_\_
3. What is your educational background? \_\_\_\_\_  
\_\_\_\_\_
4. Please describe your area of specialty and skills: \_\_\_\_\_  
\_\_\_\_\_
5. Have you ever worked as a teacher, counselor or other position working with children, youth or adults? \_\_\_\_\_ What age group do you most enjoy working with? \_\_\_\_\_
6. What kind of work would you like to do during your time with UMMF? \_\_\_\_\_  
\_\_\_\_\_
7. What are your specific goals and expectations for volunteering at UMMF? \_\_\_\_\_  
\_\_\_\_\_
8. Describe your state of health and physical fitness. Is there anything we should know about your health (i.e., injuries, allergies, different abilities, special food needs, etc.)? \_\_\_\_\_  
\_\_\_\_\_
9. Do you have any concerns or apprehensions about volunteering at UMMF? If so, what are they? \_\_\_\_\_  
\_\_\_\_\_

**Person to contact in case of an emergency:** \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Volunteer Agreement



**As a volunteer  
I agree to abide  
by the following  
set rules & regulations:**

**NAME (Please Print)** \_\_\_\_\_

- Volunteers are expected to follow the set rules for the organization they are placed with.
- Volunteers will be asked to be able to be flexible to be respectful of cultural traditions, beliefs, and ways of living if different from your own.
- Always ask to take photographs. No photos may be used for any marketing purposes.
- Be professional with relationship boundaries in the workplace.
- If you will be working with children, you will be expected to be a positive role model for the children (no drinking, smoking or using inappropriate language).
- Volunteers will complete a time log during their placement to record hours worked so that UMMF may recognize its volunteers for the number of hours worked.
- The strictest confidence must be maintained relative to any information dealt with in the course of volunteering.
- The relationship between UMMF and volunteers is an "at will" arrangement, and may be terminated at any time without cause by either the volunteer or UMMF.
- As a volunteer, all rights to sue UMMF are waived.
- If, during my participation in UMMF volunteer activities, I should need emergency medical treatment, and am not able to give consent or make my own arrangements for treatment, I authorize a UMMF representative to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.

Furthermore, I understand that the information I have provided may be verified and I hereby authorize investigation of all statements herein and release Unexpected Moments of Magic Foundation and all other collaborators from liability in connection with the same. I understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by UMMF. I affirm that I have read and understand this application and agreement and that the information given is true and complete. In the event is a group volunteer project, a designated individual will affirm the above for the group.

Signed: \_\_\_\_\_

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

Parental Signature (if minor): \_\_\_\_\_

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

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**FOR GROUP PROJECTS:** I certify that I am the designee for the group \_\_\_\_\_ and affirm the following for the entire group.

Signed: \_\_\_\_\_

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



CONFIDENTIAL REFERENCE REQUEST FOR PROSPECTIVE VOLUNTEERS  
UNEXPECTED MOMENTS OF MAGIC FOUNDATION

Applicant's Name	
Your Name	
Home Phone	
Cell Phone	
Address	

How long have you known this applicant? And in what capacity?

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How would you describe the character of this volunteer applicant?

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Would you recommend this person as a volunteer? Yes  No

Why or why not?

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Do you think this person is qualified to be a volunteer working with children? Yes  No

Why or why not?

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Please indicate any additional pertinent comments or information relative to this person's capabilities:

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