



FOR OFFICE USE ONLY:	
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MAGIC MOMENTS MAGIC MAKERS APPLICATION

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Email _____

Employer _____ Position _____

Volunteer Area that interests you most:

Best time/method to contact you:

- Wish Volunteer
- Office/Clerical Assistance
- Special Events
- Family Camp
- Other

- AM PM
- Home Work
- Phone Email

When are you available to volunteer? Mornings ____ Afternoons ____ Nights ____ Weekends ____

Do you have computer skills? Word ____ Excel ____ Access ____ Other _____

Would you be interested in attending quarterly meetings with volunteers? Yes ____ No ____

VOLUNTEER HISTORY

Date Started/Ended	Organization/Company City, State	Description of Duties	Still Active?

IF UNDER 18, PLEASE COMPLETE THE FOLLOWING SECTION

School Attending _____ Grade _____

Mother's Name _____

Mother's Employer _____ Phone _____

Father's Name _____

Father's Employer _____ Phone _____

MAGIC MOMENTS MAGIC MAKER APPLICATION, CON'T

PLEASE ANSWER THE FOLLOWING QUESTIONS

- 1) How did you learn about Magic Moments?

- 2) How would you describe yourself to someone who didn't know you?

- 3) What are your hobbies and interests?

- 4) Have you ever worked with seriously-ill children (cancer, etc.) or children with life-altering conditions (cerebral palsy, spina bifida, paralysis, blindness, etc.)? If so, explain.

- 5) What do you hope to gain from your volunteer experience with Magic Moments?

PLEASE LIST 3 REFERENCES

- 1) Name _____ Phone _____
Title/Relationship _____

- 2) Name _____ Phone _____
Title/Relationship _____

- 3) Name _____ Phone _____
Title/Relationship _____

Have you ever been convicted of a crime? Yes ___ No ___ If yes, please explain. _____

Are you a U.S. Citizen? Yes ___ No ___ Have you ever used another name? Yes ___ No ___ If yes, please give name and state the name was used and explain why. _____

NOTE: Magic Moments requires every applicant to submit to an interview. When your application has been received, a time for an interview will be arranged. Your acceptance as a volunteer will be based upon your completed application and interview.

Volunteers must be 18 years of age. If under 18, the volunteer must be accompanied by a parent, legal guardian or adult volunteer.

I will consider confidential all information that I may hear directly or indirectly concerning a patient, doctor or any member of personnel and will not seek information regarding a patient. I pledge to be dedicated to the mission of Magic Moments and to abide by the Volunteer Policies and Procedures.

I understand that making any false statement on this application will be sufficient for discharge. I hereby guarantee the correctness of the above statements. **I understand that this is an application only and not a guarantee of a position as a volunteer for Magic Moments.**

Signature _____ Date _____

Parent / Legal Guardian (if under 18) _____ Date _____

Please return completed application to:

Magic Moments
c/o Children's Hospital
1600 7th Avenue South
Birmingham, AL 35233

Phone: (205) 939-9372
Fax: (205) 939-6717
www.magicmoments.org



VOLUNTEER POLICIES

Confidentiality

Magic Moments is committed to providing the strongest possible protection for the confidentiality of the wish children and their families, board members, volunteers and employees. Therefore, Magic Moments prohibits the disclosure of any information about wish children and their families by board members, volunteers, or employees that is of a personal and confidential nature to any person who is not affiliated with Magic Moments and not authorized to have such information without the specific consent of the individual to whom the information pertains.

Representing Magic Moments

As a matter of principle, the board of directors shall review all Magic Moments applications. The Magic Moments Executive Director reviews all proposed fundraising events and any and all uses of the Magic Moments name and logo. All media inquiries should be referred to the Executive Director. No volunteer may submit a press release, make a statement to the media as an official or unofficial spokesperson for Magic Moments, or make a speech representing Magic Moments without the specific knowledge and prior approval of the Executive Director. For the protection of our Magic Moments families and the organization in general, volunteers are prohibited from creating social networking sites in the name of Magic Moments.

Conflict of Interest

Magic Moments expects the primary interest of volunteers to be directed toward the people and organizations we serve. A conflict of interest occurs when the interests of any volunteer or another party



actually or potentially affects Magic Moments in a negative way. Volunteers may represent other volunteer organizations or companies as long as these do not interfere with the mission of Magic Moments.

Volunteers are not to accept gifts, gratuities, free trips, personal property or other items of value greater than \$25 from an outside person or organization as an inducement to provide services.

Magic Moments recognizes that volunteers may hold a wide range of personal beliefs, values, and commitments. These become a conflict of interest only if they (1) prevent volunteers from fulfilling their job responsibilities; (2) use Magic Moments time and facilities for furthering those beliefs, values and commitments; or (3) if they attempt to convince others of their personal beliefs, values and commitments.

VOLUNTEER PLEDGE

Magic Moments is committed to respect patient privacy and protect confidential patient and business information. We comply with all governing laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), regulations, accreditation standards, policies, procedures, and ethical guidelines.

I. PRIVACY PLEDGE:

I understand that in my service with Magic Moments, I am trusted with private and confidential information that may include patient medical records, conversations in which a patient can be identified, financial information, business documents, information systems practices, human resources records, vendor contracts, computer software, computer passwords, memos, e-mails, copyrights, and quality assurance and performance improvement activities. I pledge that:

- **I WILL** protect the privacy of our patients, families, employees, business associates, and community in accordance with Magic Moments policy.
- **I WILL ONLY** access confidential information on a legitimate "need-to-know" basis to perform my services.
- **I WILL NOT** show, tell, copy, give, release, sell, review, change, or trash any confidential information unless it is part of my services. If it is part of my services, I will follow all proper procedures, such as shredding obsolete confidential information.
- **I WILL NOT** misuse or be careless with confidential information.
- **I WILL REPORT** privacy, confidentiality, or security breaches to the Magic Moments Executive Director.
- **I UNDERSTAND** my access to confidential information may be audited, my access may be removed at any time, and confidential information must remain confidential during and after my services. **Failure to do so could result in civil or criminal penalties.**

II. SPECIAL EVENTS

Magic Moments is a reputable children’s non-profit organization and is concerned with the conduct and performance of its volunteers. While I am representing Magic Moments, I pledge that:

- **I WILL** conduct myself in a professional manner at all times.
- **I WILL** dress appropriately for all events and in attire that will allow me to carry out any tasks I might be assigned; e.g. unloading, lifting and/or other physical tasks.
- **I WILL NOT** use profanity in the presence of others, including but not limited to donors, *magic moment* families, staff and other volunteers.
- **I WILL NOT** consume any alcoholic beverages while working any Magic Moments events. Failure to comply will result in my being dismissed from the premises.

I understand that I am responsible for my behavior while providing services to Magic Moments. I understand that failure to comply with the aforementioned policies may result in immediate termination of my services by the Executive Director.

I HAVE READ, UNDERSTAND, AND AGREE TO THIS PLEDGE

Print Name _____

Signature _____

Date _____