

## **VOLUNTEER APPLICATION**

**First Name\***

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**Last Name\***

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**Email\***

**Phone Number\***

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**Address\***

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**City/State/Zip**

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**Birthday\***

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**What are you interested in?**

**wish granting    DIY fundraising    events    patient fund    other**

**Please fill out this volunteer application and mail or email to:**

**My Wish List Foundation  
p.o. box 227027  
Los Angeles, CA 90022**

**mywishlistfoundation@gmail.com**