

## WISH CHILD FORM

Wish Child's Name:					
	Middle Last Gender:  Male  Female  Self-Describe				
	DOB:Wish Child T-Shirt Size:				
Wish Child's Medical Condition:					
Wish Child's Mobile Telephone, if applicable: (					
Wish Child's Email, if applicable:					
My Favorites:					
Color	Music/Singer				
Book/Story	Hobby				
Game	Movie				
Food	Show				
Restaurant	Actor/Actress				
Cake/Candy	Sport/Athlete				
Snack Food	Pet/Animal				
School Subject	Other				
When I'm outside, I like to					
When I'm inside, I like to					
Electronics / Games that I like to play with are					
When I'm with my family, I like to					
When I'm with my friends, I like to					



#### WISH CHILD FORM

**Volunteer Note:** Please capture details about each wish idea expressed by the wish child. Space is provided to capture up to four ideas; at least two ideas should be captured. **Please clearly label the child's top wish idea. Please note the family's availability for wish fulfillment.** 

Wish Idea:	
(Top Choice)	
	WHY Why is this
	important to you?
	WHAT What would you like to do? What does it look like?
	HOW How did you hear about it?
	Tell me more – tell me everything you know about it.
Wish Idea:	
(2nd Choice)	

#### WHY

Why is this important to you?

#### **WHAT**

What would you like to do? What does it look like?

#### **HOW**

How did you hear about it?

Tell me more – tell me everything you know about it.



### WISH CHILD FORM

Wish Idea:	
(3rd Choice)	
	WHY
	Why is this
	important to you?
	WHAT
	What would you like
	to do? What does it
	look like?
	HOW
	How did you hear
	about it?
	Tell me more – tell
	me everything you know about it.
	Know about it.
	L
Wish Idea:	
(4th Choice)	
	WHY
	Why is this
	important to you?
	WHAT

\*If this wish child is considering a domestic travel wish, is the family prepared to show proof of REAL IDs (or other forms of acceptable identification) for all participants over the age of 18 and/or begin the process for obtaining REAL IDs for those participants?"

Yes No Not Applicable

What would you like to do? What does it look like?

HOW How did you hear about it?

Tell me more – tell me everything you know about it.



## **VOLUNTEER NOTES**

Please complete a notes page after completing the initial wish discovery visit to ensure we can fully understand the wish child and their interests. Notes may include, but are not limited to the following:  - Specific details of the envisioned wish experiences not captured on Wish Child Form - Specific family needs and/or requests - Questions and comments from family members - Stories and pictures that help to understand why the child's wish ideas are meaningful for them - Any additional information about the wish child and/or wish family that you want to share with staff  Would a phone call with you to discuss this wish, wish child or wish family be helpful?     Yes	Wish Child's Name:			
<ul> <li>Specific details of the envisioned wish experiences not captured on Wish Child Form</li> <li>Specific family needs and/or requests</li> <li>Questions and comments from family members</li> <li>Stories and pictures that help to understand why the child's wish ideas are meaningful for them</li> <li>Any additional information about the wish child and/or wish family that you want to share with staff</li> </ul>		First	Middle	Last
<ul> <li>Specific family needs and/or requests</li> <li>Questions and comments from family members</li> <li>Stories and pictures that help to understand why the child's wish ideas are meaningful for them</li> <li>Any additional information about the wish child and/or wish family that you want to share with staff</li> </ul>				
Would a phone call with you to discuss this wish, wish child or wish family be helpful? ☐Yes ☐No	<ul><li>Specific family no</li><li>Questions and co</li><li>Stories and picto</li><li>Any additional in</li></ul>	eeds and/or requests omments from family mo ires that help to underst	embers and why the child's wish ideas	are meaningful for them
	Would a phone call with	you to discuss this wish	n, wish child or wish family be h	elpful? □Yes □No



# ADDITIONAL INFO

Name of Child's Medical Provider Provider Phone	Provider Email		
Secondary Medical Contact			
Phone	Email		
Do you request to continue serving as this child's wish	celebration volunteer(s)?		
If yes, please list volunteer name(s) who would like to continue:			
For information regarding wish celebration volunteer responsibilities review the "wish celebration volunteer role description" located on W (http://www.wishnet-mawfi.org/pages/general-resources).			
Comments (optional)			
Example comments: Do you have a volunteer partner you'd like to w	ork with?		
Volunteer Name(s):	Date of Meeting:		