

Wish Child's Name: _____
First
Middle
Last

Preferred Name: _____ Gender: ☐ Male ☐ Female ☐ Self-Describe _____

Age: _____ DOB: _____ Wish Child T-Shirt Size: _____

Wish Child's Medical Condition: _____

Wish Child's Primary Address: _____

Wish Child's Mobile Telephone, if applicable: (_____) _____

Wish Child's Email, if applicable: _____

My Favorites:

Color _____

Book/Story _____

Game _____

Food _____

Restaurant _____

Cake/Candy _____

Snack Food _____

School Subject _____

Music/Singer _____

Hobby _____

Movie _____

Show _____

Actor/Actress _____

Sport/Athlete _____

Pet/Animal _____

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...

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 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.

Wish Idea: _____
(4th 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.

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

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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)?

☐ Yes

☐ No

If yes, please list volunteer name(s) who would like to continue:

For information regarding wish celebration volunteer responsibilities, please review the "wish celebration volunteer role description" located on WishNet (<http://www.wishnet-mawfi.org/pages/general-resources>).

Comments (optional)

Example comments: Do you have a volunteer partner you'd like to work with?

Volunteer Name(s): _____ **Date of Meeting:** _____