

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 \_\_\_\_\_

Music/Singer \_\_\_\_\_

Book/Story \_\_\_\_\_

Hobby \_\_\_\_\_

Game \_\_\_\_\_

Movie \_\_\_\_\_

Food \_\_\_\_\_

Show \_\_\_\_\_

Restaurant \_\_\_\_\_

Actor/Actress \_\_\_\_\_

Cake/Candy \_\_\_\_\_

Sport/Athlete \_\_\_\_\_

Snack Food \_\_\_\_\_

Pet/Animal \_\_\_\_\_

Class in School \_\_\_\_\_

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: \_\_\_\_\_

**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?

**WHEN**  
When is a good time for it?

*Tell me more - tell me everything you know about it.*

Wish Idea: \_\_\_\_\_

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Wish Idea: \_\_\_\_\_

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Wish Idea: \_\_\_\_\_

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Wish Child's Name: \_\_\_\_\_  
*First*
*Middle*
*Last*

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:

- **Three time frames when the family would be available for wish fulfillment**
- 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 No

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Name of Child's Medical Provider

Provider Phone

Provider Email

Secondary Medical Contact

Phone

Email

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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: \_\_\_\_\_