



Application for Volunteering

Please complete this form completely for volunteering consideration. Leave with thrift shoppe attendant upon completion.

Prospective volunteers will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.

Personal Information

Last Name	First Name	Middle	Date
Street Address			Phone Number
City, State, Zip			
Home Phone ()	Cell Phone ()	Email Address	
What was your previous address?			How long at present address? _____Years _____Months
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of minimum legal age.			Social Security Number - -
How did you learn about our organization?			
Have you been convicted of a crime in the past then years? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please describe in full.			

References

Name	Address and Phone Number	Relationship	Years Acquainted
1.			
2.			
3.			

BACKGROUND INFORMATION DISCLOSURE (BID)

Completion of this form is required under the provisions of Chapters 48.685 and 50.065, Wis. Stats. Failure to comply may result in a denial or revocation of your license, certification, or registration, or denial or termination of your employment or contract. Refer to the instructions (F-82064A) on Page 1 for additional information. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.

PLEASE PRINT YOUR ANSWERS

Check the box that applies to you:

- Employee/Contractor (including new applicant) Household member/lives on premises-but not a client
- Applicant for a license, certification or registration (including continuation or renewal)
- Other—Specify:.....

Note: If you are an owner, operator, board member, or non client of a Division of Quality Assurance (DQA) regulated facility, complete the BID, F-82064, and the appendix, F-82069 and submit both forms to the address noted in the Appendix Instructions.

Name (First and Middle)		Name (Last)	
Any other Names by which you have been known (Including Maiden Name)	Birth Date	Gender (M/F)	Race
Address: City, State, Zip Code		Social Security Number	
Business Name and Address—Employer or Care Provider			

SECTION A: ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
1. Do you have any criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local, military and tribal courts? • If YES , list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. You may be asked to supply additional information including a certified copy of the judgement of conviction, a copy of the criminal complaint, or any other relevant court or police documents.		
2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10th birthday for a crime or offense? (NOTE: A response to this question is only required for group and family day care centers for children and day camps for children.) • If YES , list each crime, when and where it happened, and the location of the court (city and state). You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents.		
3. Has any government or regulatory agency (other than the police) ever found you committed child abuse or neglect? A response is required if the box below is checked. <input type="checkbox"/> (Only employer and regulatory agencies entitled to obtain this information are authorized to check this box. If yes, explain, including when and where it happened.		
4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? If yes, explain, including when and where it happened.		

(continued on next page)

SECTION A (Continued)	Yes	No
5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client? If YES, explain, including when and where it happened.		
6. Has any government or regulatory agency (other than the police) ever found that you abused an elderly person? If YES, explain, including when and where it happened.		
7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients? If YES, explain, including credential name, limitations or restrictions, and time period.		
SECTION B—OTHER REQUIRED INFORMATION	YES	NO
1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services? If YES, explain, including when and where it happened.		
2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility? If YES, explain, including when and where it happened and the reason.		
3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? If YES, indicate the year of discharge:_____ Attach a copy of your DD214 if you were discharged within the last 3 years.		
4. Have you resided outside of Wisconsin in the last 3 years? If YES, list each state and the dates you lived there.		
5. Have you had a caregiver background check done within the last 4 years? If YES, list the date of each check, and the name, address, and phone number of the person, facility or government agency that conducted each check.		
6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS designated tribe? If YES, list the review date and the review result. You may be asked to provide a copy of the review decision.		

A “NO” answer to all questions does not guarantee employment, residency, a contract or regulatory approval.

I understand, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000.00 and other sanctions as provided in DHS 12.05 (4), Wis. Adm. Code

Signature

Date Signed

The information provided in this **Application for Volunteering** is true, correct and complete. If accepted, any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an offer to volunteer does not create a contractual obligation under the employer to continue to allow me to volunteer in the future.

Signature

Date