

# Department of Administration Human Resources Division

Toni Hohlfelder, Human Resources Director



Date: \_\_\_\_\_

Email: \_\_\_\_\_

Dear \_\_\_\_\_,

Volunteerism has a long tradition in American history and Chippewa County. People in the community who have special knowledge and particular talents can provide great contributions as volunteers. We would like to thank you for taking the time to volunteer as a \_\_\_\_\_ volunteer with the Department of Human Services/ Aging & Disability Resource Center (ADRC) at Chippewa County.

If you are volunteering within the Human Services or Public Health Department you will need to complete a Background Information Disclosure form. Human Resources will run a caregiver and criminal background on you prior to starting with the County and will communicate the results with the supervisor of the department in which you are volunteering. If volunteering in the Sheriff's Department there will be a basic criminal background check prior to beginning any volunteer work. ***Your volunteer start date is contingent on the background results.***

If operating a vehicle as a volunteer please bring a copy of your valid driver's license and proof of insurance when returning the enclosed information. Be aware that some insurance companies do not insure volunteers. It is the responsibility of the volunteer to contact his/her insurance company to confirm that he or she is truly insured while volunteering with Chippewa County prior to the start date.

If you are a Meals on Wheels Driver in the Aging and Disability Resource Center and plan to request mileage reimbursement, you will need to complete the enclosed W-9 Form. If you do not request mileage reimbursement, the form is unnecessary.

Your volunteer start date is \_\_\_\_\_.

Enclosed Chippewa County has provided policies and procedures to be acknowledged. These documents could include, depending on the volunteer position, the Volunteer Policy Acknowledgement, Identification and Access Card Policy Acknowledgement, the ID Badge / Access Card Receipt, Technology Policy Acknowledgement and an Emergency Contact form.

If for any reason you do not wish to volunteer with Chippewa County please let the supervisor or Human Resources know as soon as possible. If you have not volunteered in over (1) one year Chippewa County will remove you from the volunteer roster and you will be required to reapply in order to be considered for a volunteer opportunity in the future.

Please sign and date below acknowledging the information stated above. If you have any questions please don't hesitate to reach out to the department/division coordinator at 715-738-2590 or [ADRC@chippewacountywi.gov](mailto:ADRC@chippewacountywi.gov) or you may also contact Human Resources at (715) 726-7971. This signed letter must be signed and returned to the volunteer coordinator or designated department manager with the policy acknowledgments required for this opportunity by \_\_\_\_\_.

Please sign below in acknowledgement of understanding the above information.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

## Appendix 703-C

**VOLUNTEER APPLICATION**

Please Type or Print

<b>PERSONAL</b>			
Last Name		First Name	Middle Initial
Street Address			Primary Phone
City	State	Zip Code	Email
Volunteer Position Applying For		Department of Position Applying For	
<b>AVAILABILITY</b>			
Days of Week and Time available		Dates You Plan to Volunteer	
Monday _____		From: _____ To: _____	
Tuesday _____		Number of Hours You Plan to Volunteer	
Wednesday _____		Per Day: _____ Per Week: _____	
Thursday _____		Please Note Unique Circumstances:	
Friday _____			
Saturday _____			
Sunday _____			
<b>EMPLOYMENT HISTORY</b>			
Presently Employed <input type="checkbox"/> Yes <input type="checkbox"/> No			Phone Number
If Yes, Name of Employer:			
Address:			Dates Employed
			From: _____ To: _____
Name of Supervisor:	Job Title:		May We Contact Employer:
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Previous Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Employer	Address	Job Title	Dates Employed
			From: _____ To: _____
Name of Employer	Address	Job Title	Dates Employed
			From: _____ To: _____
<b>EDUCATION</b>			
Highest Education Completed			
<input type="checkbox"/> Elementary School <input type="checkbox"/> High School <input type="checkbox"/> Vocational School <input type="checkbox"/> College <input type="checkbox"/> Graduate			
Name of School			Course of Study
Do you hold a professional license or certification? <input type="checkbox"/> Yes <input type="checkbox"/> No			License/Certificate #:
<b>VOLUNTEER EXPERIENCE</b>			
Agency	Address		Telephone
Position	Duties		May We Contact Agency?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency	Address		Telephone
Position	Duties		May We Contact Agency?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**BACKGROUND**

List skills, interests, hobbies

Why would you like to volunteer?

Do you have a valid driver's license?

☐ Yes ☐ No

Are you able to furnish an automobile if volunteer position requires one?

☐ Yes ☐ No

Do you maintain personal automobile insurance coverage?

☐ Yes ☐ No

Have you ever been convicted or arrested for a charge that is pending? Must include all misdemeanors or felonies. \*A conviction or arrest for a pending charge will not automatically bar you from the volunteer opportunity but failure to answer honestly will\*

If yes, please explain.

☐ Yes ☐ No

A background check may be conducted as a condition of your volunteer opportunity. Are you willing to consent to a background check performed by Chippewa County?

☐ Yes ☐ No**REFERENCES**

Name

Address

Phone

Relationship

Name

Address

Phone

Relationship

Name

Address

Phone

Relationship

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification of this application can disqualify me from consideration or result in dismissal upon discovery. Furthermore, my signature below provides my authorization to Chippewa County to conduct driver license checks, motor vehicle records checks and criminal background checks, as needed, as well as reference checks to determine my suitability for placement and I hereby release all parties from any liability from furnishing this information.

\_\_\_\_\_  
Signature of Volunteer Applicant\_\_\_\_\_  
Date

Chippewa County acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, or marital status.

**BACKGROUND INFORMATION DISCLOSURE (BID)**

- **PENALTY:** Knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000 and other sanctions as provided in Wis. Admin. Code § DHS 12.05(4).
- Completion of this form is required under the provisions of Wis. Stat. § 50.065. 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.
- Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.
- Refer to DQA form F-82064A, *BID Instructions*, for additional information.

**Check the box that applies to you.**

- ☐ Employee / Contractor (including new applicant) ☐ Household member (lives on premises, but is 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 resident of a facility regulated by the Division of Quality Assurance (DQA), complete the BID, F-82064 and the [Appendix, F-82069](#), and submit both forms to the address noted in the Appendix Instructions.

Full Legal Name – <i>First</i>		<i>Middle</i>	<i>Last</i>	
Position Title (Complete only if a prospective or current employee or contractor.)			Birth Date (MM/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Any Other Names By Which You Have Been Known (Including Maiden Name)				
Race / Ethnicity (Check ONLY one.) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown				Social Security Number
Home Address		City	State	Zip Code
Business Name and Address – Employer or Care Provider (Entity)				

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

Note: The areas below that are designated for responses are expandable.

**SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION**

- Do you have any criminal charges pending against you, including in federal, state, local, military, and tribal courts?  
If **Yes**, list each charge, when it occurred or the date of the charge, and the city and state where the court is located.  
You may be asked to supply additional information, including a copy of the criminal complaint or any other relevant court or police documents.
 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
- 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 judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.
 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
- IMPORTANT: Read before completing item 3.**  
**Wis. Stat. § 48.981 Abused and neglected children and abused unborn children. (7)(a) CONFIDENTIALITY.** “All reports made under this section, notices provided under sub. (3) (bm), and records maintained by an agency and other persons, officials, and institutions shall be confidential.” Reports and records may be disclosed only to the persons identified in this section.  
☐ **If you are the employer or prospective employer of the person completing this form and are entitled to obtain this information per the above, check this box.**  
 Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect?  
 If the above box has been checked, provide an explanation below, including when and where the incident(s) occurred.
 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?<br>If <b>Yes</b> , explain, including when and where it happened.   | Yes                      | No                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
| 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?<br>If <b>Yes</b> , explain, including when and where it happened.     | Yes                      | No                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has any government or regulatory agency (other than the police) ever found that you <b>abused an elderly person</b> ?<br>If <b>Yes</b> , explain, including when and where it happened.   | Yes                      | No                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
| 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?<br>If <b>Yes</b> , explain, including credential name, limitations or restrictions, and time period. | Yes                      | No                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |

#### SECTION B – OTHER REQUIRED INFORMATION

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services?<br>If <b>Yes</b> , explain, including when and where it happened.  | Yes                      | No                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
| 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?<br>If <b>Yes</b> , explain, including when and where it happened and the reason.  | Yes                      | No                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you been discharged from a branch of the US Armed Forces, including any reserve component?<br>If <b>Yes</b> , indicate the year of discharge: _____<br>Attach a copy of your DD214, if you were discharged within the last three (3) years.  | Yes                      | No                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you resided outside of Wisconsin in the last three (3) years?<br>If <b>Yes</b> , list each state and the dates you resided there.  | Yes                      | No                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If you are employed by or applying for the State of Wisconsin, have you resided outside of Wisconsin in the last seven (7) years?<br>If <b>Yes</b> , list each state and the dates you resided there.   | Yes                      | No                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you had a caregiver background check done within the last four (4) years?<br>If <b>Yes</b> , list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.   | Yes                      | No                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. 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?<br>If <b>Yes</b> , list the review date and the review result. You may be asked to provide a copy of the review decision. | Yes                      | No                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |

#### **Read and initial the following statement.**

\_\_\_\_\_ I have completed and reviewed this form (F-82064, BID) and affirm that the information is true and correct as of today's date.

Name – Person Completing This Form

Date Submitted