

INSPIRATION

MINISTRIES
DEVOTED TO SERVING PEOPLE WITH DISABILITIES

Volunteer Application

Legal Name: _____
Last First Middle Initial

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Best Time to Call: _____

E-mail Address: _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ State: _____

Why would you like to volunteer? _____

Are you affiliated with a local church? Yes No (circle one) If yes, what church do you attend?

Name of Church: Grace Evangelical Free Church

Address: 500 S main Street, Walworth, WI 53184

Do you have experience working with people with disabilities? Yes No (circle one)

What areas of volunteering interest you most?

- | | |
|---|---|
| <input type="checkbox"/> Camp counselor for adults with disabilities | <input type="checkbox"/> Aquatic fitness |
| <input type="checkbox"/> Games/Activities | <input type="checkbox"/> Housekeeping |
| <input type="checkbox"/> Development | <input checked="" type="checkbox"/> Driving |
| <input type="checkbox"/> Food Service (washing dishes, set up and clean up) | <input type="checkbox"/> Music |
| <input type="checkbox"/> Resale Shop | <input type="checkbox"/> Arts & Crafts |
| <input type="checkbox"/> General Office | |

Is this for Community Service? _____

over → → →

References

Please provide names and contact information for two references:

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Other information that would be helpful to us:

I certify that the information in this application is true and complete to the best of my knowledge. I authorize the inquiry into my background, including criminal and driving records.

Signature

Date

"...devoted to one another in brotherly love." Romans 12:10
P.O. Box 948, Walworth, WI 53184-0948 • Tel: (262) 275-6131 • Fax: (262) 275-3355
www.InspirationMinistries.org • Inspiration Retreat Center: (262) 275-5753
Inspiration Place Resale: (262) 275-2264
Christian League for the Handicapped, Inc.

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.
- Refer to DQA form F-82064A, *BID Instructions*, 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.
- **PRINT OR TYPE YOUR ANSWERS.**

Check the box that applies to you.

- | | |
|--|--|
| <input type="checkbox"/> Employee / Contractor (including new applicant) | <input type="checkbox"/> Household member (lives on premises, but is not a client) |
| <input type="checkbox"/> Applicant for a license, certification, or registration (including continuation or renewal) | <input type="checkbox"/> 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.

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

1. 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"/>

2. 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"/>

3. 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?

Yes No

If the above box has been checked, provide an explanation below, including when and where the incident(s) occurred.

4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?

Yes No

If Yes, explain, including when and where it happened.

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?

Yes No

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?

Yes No

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?

Yes No

If Yes, explain, including credential name, limitations or restrictions, and time period.

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? Yes No
 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? Yes No
 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? Yes No
 If Yes, indicate the year of discharge: _____
 Attach a copy of your DD214, if you were discharged within the last three (3) years.

4. Have you resided outside of Wisconsin in the last three (3) years? Yes No
 If Yes, list each state and the dates you resided there.

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? Yes No
 If Yes, list each state and the dates you resided there.

6. Have you had a caregiver background check done within the last four (4) years? Yes No
 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.

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?
If Yes, list the review date and the review result. You may be asked to provide a copy of the review decision.

Yes No

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