



## ADULT VOLUNTEER APPLICATION

(Please print all answers)

Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

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

### Volunteer Categories *(check all that apply)*

Year-Round Volunteer (18+)

Summer Volunteer (18+)

College Student

Have you ever volunteered with us before?  Yes  No

If yes, what year(s)? \_\_\_\_\_

What Departments? \_\_\_\_\_

Are you required to have volunteer service hours?  Yes  No

### Prior Volunteer Service

Agency: \_\_\_\_\_

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

Agency: \_\_\_\_\_

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

### Interests and Preferences *(check all that apply)*

Computer Skills

Clerical

Bookkeeping

Greeting People

Art

Knitting/Crafts

Others: \_\_\_\_\_

### Availability *(check preference)*

Monday

Tuesday

Wednesday

Thursday

Friday

Weekends

Time of Day:  Morning  Afternoon  Evening

*(Evening and weekend opportunities may not be available at all locations)*

## Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**References** *must be over 21 years old and not a family member  
(Complete in full)*

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*I understand that I will not be paid for my services as this is strictly volunteer work. I certify that the statements made in this volunteer application are true and correct to the best of my knowledge. I understand that my volunteer placement is contingent upon satisfactory completion of a background check, employee health screenings, orientation, and training.*

**Applicant Signature:** \_\_\_\_\_

**Mail completed application along with the Background Disclosure form to your volunteer location:**

**ThedaCare Regional Medical Center-Appleton**  
Volunteer Services Department  
1818 N. Meade Street  
Appleton, WI 54911

**ThedaCare Regional Medical Center-Neenah**  
Volunteer Services Department  
130 Second Street  
Neenah, WI 54956

**ThedaCare Medical Center-Orthopedic, Spine & Pain**  
Volunteer Services Department  
2400 E. Capital Drive  
Appleton, WI 54911

**ThedaCare Regional Medical Center-Waupaca**  
Volunteer Services Department  
800 Riverside Drive  
Waupaca, WI 54981

**ThedaCare Regional Medical Center-Berlin**  
Volunteer Services Department  
225 Memorial Drive  
Berlin, WI 54923

**ThedaCare Regional Medical Center-New London**  
Volunteer Services Department  
1405 Mill Street  
New London, WI 54961

**ThedaCare Regional Medical Center-Shawano**  
Volunteer Services Department  
100 County Road B  
Shawano, WI 54166

**ThedaCare Regional Medical Center-Wild Rose**  
Volunteer Services Department  
601 Grove Avenue  
Wild Rose, WI 54984

***Thank you! You will be contacted upon receipt of your application.***

## BACKGROUND INFORMATION DISCLOSURE (BID) FOR ENTITY EMPLOYEES AND CONTRACTORS: INSTRUCTIONS

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### PURPOSE

- The *Background Information Disclosure for Employees and Contractors* (form F-82064) gathers information required by Wis. Stat. § 50.065 and Wis. Admin. Code ch. DHS 12 for entities to conduct [caregiver background checks](#) for prospective and existing employees and contractors. This form may also be used by entities to conduct background checks for students and volunteers that are expected to have regular and direct contact with clients.
  - **NOTE:** Form F-82064 should not be used by applicants for *entity operator approval* or by entities requesting approval for an individual to reside in entity facilities as a *non-client resident*. Applicants for *entity operator approval* or for a *non-client resident* background check must request an [entity background check](#) from the Division of Quality Assurance.
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### CAREGIVER BACKGROUND CHECK LAW

[Entities](#) must conduct background checks to verify initial and renewal eligibility of employees and contractors to serve as [caregivers](#). Pursuant to Wis. Stat. § 50.065 and Wis. Admin. Code ch. DHS 12, an entity may not employ or contract with an individual to serve as a “caregiver,” if the individual has certain governmental findings or criminal convictions affecting eligibility. See [Offenses Affecting Eligibility for Employment or Contract in Roles with Client Contact](#).

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### APPLICATION

Caregiver Background Checks are required for prospective and existing employees and contractors of entities. The term [entity](#) includes, but is not limited to:

- Adult Day Care Centers
  - Adult Family Homes
  - Alcohol and Other Drug Abuse Treatment Programs
  - Ambulance Service Providers
  - AODA Services
  - Community Based-Residential Facilities
  - Community Mental Health Programs
  - Community Support Programs
  - Comprehensive Community Services
  - Corporate Guardianships
  - Facilities Serving People with Developmental Disabilities
  - Emergency Mental Health Service Programs
  - Home Health Agencies
  - Hospices
  - Hospitals
  - Mental Health Day Treatment Services for Children
  - Nursing Homes
  - Outpatient Mental Health Clinics
  - Personal Care Agencies
  - Residential Care Apartment Complexes
  - Rural Medical Centers
  - Youth Crisis Stabilization Facilities
  - Programs regulated by ch. DHS 75
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### FAIR EMPLOYMENT ACT & ELIGIBILITY REQUIREMENTS

Wisconsin Stat. §§ 111.31 – 111.395, prohibits discrimination because of a criminal record or pending charge. However, it is not discrimination to decline to hire or license a person based on the person’s arrest or conviction record if the arrest or conviction is substantially related to the circumstances of the particular job or licensed activity. In addition, Wisconsin law establishes conditions of eligibility for employment or contract to work in roles with regular and direct client/patient contact.

Wis. Stat. § 50.065(4m)(b) reads:

Notwithstanding s. 111.335, and except as provided in sub. (5), an entity may not employ or contract with a caregiver or permit to reside at the entity a nonclient resident, if the entity knows or should have known any of the following:

1. That the person has been convicted of a serious crime.
2. That a unit of government or a state agency, as defined in s. 16.61 (2) (d), has made a finding that the person has abused or neglected any client or misappropriated the property of any client.
3. That a final determination has been made under s. 48.981 (3) (c) 5m. or, if a contested case hearing is held on such a determination, a final decision has been made under s. 48.981 (3) (c) 5p. that the person has abused or neglected a child.
4. That, in the case of a position for which the person must be credentialed by the department of safety and professional services, the person’s credential is not current or is limited so as to restrict the person from providing adequate care to a client.

See [Offenses Affecting Eligibility for guidance](#).

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

**SECTION B – OTHER REQUIRED INFORMATION**

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|---|---|--|
| <p>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.</p>  | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>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.</p>  | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>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.</p>   | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>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.</p>  | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>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.</p>   | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>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.</p>   | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>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.</p> | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |

**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.

<p><b>NAME</b> – Person Completing This Form</p>	<p>Date Submitted</p>
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State of Wisconsin Criminal Record Check

PLEASE COMPLETE THIS FORM AND RETURN WITH YOUR APPLICATION

Volunteer Criminal Record Check – Have you ever been convicted of, plead nolo contendere (no contest) to, or been fined in connection with any felony, misdemeanor, municipal ordinance violation, or any other type of offence (other than a parking ticket), regardless of the nature of the penalty or fine for that offence?

**If you are in doubt about the nature of any offense, please list it; this question is designed to require disclosure of all past convictions, violations, fines or offenses, and the failure to list a conviction, offense, violation or fine will be considered falsification and will be grounds for refusal to hire or termination of a volunteer position.**

However, no applicant will be denied a position based solely on a past conviction, offense, violation or fine which is not substantially related to the circumstances of the volunteer position.

If yes, please explain:

If no, please check

Are you currently subject to a pending criminal charge for any misdemeanor or felony? This question is designed to elicit information on all pending criminal charges, whether felony or misdemeanor. However, no application will be denied a position solely on a pending criminal charge, which is not substantially related to the circumstances of the volunteer position.

If yes, please explain:

If no, please check

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Applicant Signature

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Date