



ADULT VOLUNTEER APPLICATION

(Please print all answers)

Date: _____

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Cell Phone: _____

Home Phone: _____

Email: _____

Date of Birth: _____

Emergency Contact Information

Name: _____

Relationship: _____

Phone: _____

Volunteer Categories *(check one)*

Adult (18 years+)

College Student

Note: High School students (minimum 16 years old) must complete a High School Volunteer Application.

Have you ever volunteered with us before? Yes No

If yes, what year(s)? _____ Which Departments? _____

Are you required to have volunteer service hours? Yes No

Interests and Preferences *(check all that apply)*

Greeting/Helping People

Clerical/Filing

Knitting/Crafts

Gift Shop

Pet Therapy

Others/Specific Interests: _____

Availability *(check preferences)*

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekends
Morning						
Afternoon						
Evening						

Note: Evening and weekend opportunities may not be available at all locations.

Prior Volunteer Service

Agency: _____

Date: _____

Agency: _____

Date: _____

How did you hear about the ThedaCare Volunteer Program? _____

Why do you want to volunteer at ThedaCare?

Do you receive an annual flu vaccine?

Note: The annual flu vaccine is required by ThedaCare.

Yes No, but willing to receive the flu vaccine.

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, pre-placement health screening, orientation, and training.

Applicant Signature: _____

Mail completed application along with the Background Information Disclosure (BID) and State of Wisconsin Criminal Record Check form to your volunteer location:

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

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

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

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

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

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

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

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

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](#).

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](#).

BACKGROUND INFORMATION DISCLOSURE (BID) FOR ENTITY EMPLOYEES AND CONTRACTORS

- PENALTY:** A person who provides false information on this form may be subject to forfeiture and sanctions, as provided in Wis. Stat. § 50.065(6)(c) and Wis. Admin Code § DHS 12.05(4).
- Completion of this form to verify your eligibility for employment/service as a “caregiver” is required by Wis. Stat. § 50.065 and Wis. Admin Code ch. DHS 12. Failure to complete this form may result in denial or termination of your employment, contract or service agreement.

Refer to DQA form [F-82064A, Instructions](#), for additional information.

Reset

Check the box that applies to you.

- | | |
|---|--|
| <input type="checkbox"/> Applicant / Employee | <input type="checkbox"/> Student / Volunteer |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Other – Specify: |

NOTE: This form should NOT be used by applicants for *entity operator approval* (license, certification, registration or other DHS 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.

Full Legal Name – <i>First</i>	<i>Middle</i>	<i>Last</i>
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Other Names (including prior to marriage) _____

Position Title (applied for or existing)	Birth Date (<i>MM/DD/YYYY</i>)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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Home Address	City	State	Zip Code
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Business Name and Address – Employer (Entity) _____

Answering “NO” to all questions does not guarantee employment, a contract, or service agreement.

If more space is required, attach additional documentation to this form and indicate “see attached” in your answer.

SECTION A – DISCLOSURES

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

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

3. Please note that Wis. Stat. § 48.981, *Abused or neglected children and abused unborn children*, may apply to information concerning findings of child abuse and neglect.

Has any government or regulatory agency (other than the police) ever found that you committed **child** abuse or neglect?
 Provide an explanation below, including when and where the incident(s) occurred.

Yes No

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.

Yes No

- | | | |
|---|---|--|
| <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?
If Yes, explain, including when and where it happened.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>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.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<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?
If Yes, explain, including credential name, limitations or restrictions, and time period.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |

SECTION B – OTHER REQUIRED INFORMATION

- | | | |
|---|---|--|
| <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?
If Yes, explain, including when and where it happened.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<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?
If Yes, explain, including when and where it happened and the reason.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>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 three (3) years.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>4. Have you resided outside of Wisconsin in the last three (3) years?
If Yes, list each state and the dates you resided there.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<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?
If Yes, list each state and the dates you resided there.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>6. Have you had a caregiver background check done within the last four (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.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<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?
If Yes, list the review date and the review result. You may be asked to provide a copy of the review decision.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<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>NAME – 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

Applicant Signature

Date