

Questions? Call 608-742-9233 or the ADRC toll free number at: 1-888-742-9233

Please return completed form to:

ADRC of Columbia County Volunteer Coordinator

PO Box 136 (Mailing Address)

111 E Mullett St. (Physical Address)

Portage, WI 53901

Fax to: 608-742-9277 or E-mail to: adrc@columbiacountywi.gov

www.co.columbia.wi.us/columbiacounty/adrc



VOLUNTEER APPLICATION FORM

Please circle how you heard about volunteering Opportunities:

Word of Mouth Grapevine Presentation Online Site: _____

Volunteer Flyer & Location: _____ Other: _____

Personal Information:

Name (first, middle and last): _____ Maiden/Previous Names: _____

Street Address: _____ City/State/Zip: _____

Phone: _____ Alternate Phone: _____ Best time to call: _____

Email Address: _____

Preferred method of Communication (please circle): **Call** **Email** **Other:** _____

Have you ever been convicted of a felony? _____ Yes _____ No

If Yes, Please Explain:

Are you subject to any pending criminal charges? _____ Yes _____ No

If Yes, Please Explain:

Availability and Interest:

I would like to be considered for the following volunteer opportunities: (you may select more than one)

Driver Senior Nutrition Site Office Assistance Bi-Monthly Grapevine Newsletter Health Aging Workshop Leader

If there is an area in volunteering that is not currently listed please indicate:

Please indicate the days and times you are available: Please note that the ADRC is open Monday through Friday 8AM-4:30PM

Monday	Tuesday	Wednesday	Thursday	Friday

If you are available seasonally please list the months you are free:

Employment/Group/Organization:

Are you volunteering through an employer, group, or organization? ____YES ____NO

If YES, please list:

Special training, skills, hobbies:

Please describe your prior volunteer experience (include organization names and dates of service):

What experiences have you had that will prepare you to work as a volunteer with older adults who need assistance?

Why are you interested in volunteering?

Driver's License & Insurance Information:

If you are applying to volunteer for any of the volunteer opportunities that may require driving or a vehicle please complete the information requested below. By completing this section, you acknowledge to and agree that you have and will maintain a valid driver's license & the required automobile insurance coverage.

Do you have a Driver's License? ____YES ____NO

If Yes, Driver's License # _____

Do you have car Insurance? ____YES ____NO

If Yes, Insurance Company & Amount of Coverage _____

Required automobile Insurance Coverage: \$100,000 per person and \$300,000 per automobile accident liability coverage.

I understand and agree that submitting this application form does not automatically register me as an Aging & Disability Resource Center of Columbia County volunteer, and that there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures before I may begin volunteering.

I also understand and agree to a criminal background check to be completed as part of the required volunteer screening process. By submitting this form, I attest that the information I have provided on the form is true and accurate. Omissions or misrepresentation of information on this application may disqualify you from volunteering with the Aging and Disability Resource Center of Columbia County.

Volunteer Signature: _____ Date: _____

BACKGROUND INFORMATION DISCLOSURE (BID)

This form is required **under the provisions of Wis. Stat. § 48.685 and Wis. Admin. Code § DCF 12.03**. Pursuant to Wis. Stat. § 48.685 and Wis. Admin. Code § DCF 12.03, this form must be completed prior to licensure, employment or non-client residency and is only valid for 120 days. Failure to comply may result in a denial or revocation of your license; or denial or termination of your employment or contract.

Providing your social security number is voluntary. However, not providing it could delay the background check process. The personal information you provide may be used for secondary purposes [Privacy Law, Wis. Stat. §15.04(1)(m)].

PLEASE PRINT OR TYPE YOUR ANSWERS. ATTACH ADDITIONAL PAGES IF NEEDED.

Check the box that applies to you.

☐ Current or Prospective Employee / Contractor

☐ Non-Client Resident (10 years of age and older)

☐ Applicant for a license (including continuation or renewal)

☐ Other – Specify:

Name – (First and Middle)	Name – (Last)	Position Title (If applicable)		
Any Other Names By Which You Have Been Known (Including Maiden Name)		Birth Date	Gender (M / F)	
Race <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(s)	
Home Address		City	State	Zip Code
Name and address of Potential Employer or Licensing Agency.				

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, county, local, military, and tribal courts? Have you ever been convicted of another offense such as a municipal ordinance violation or a civil offense under a local ordinance? ➤ If Yes, list each pending charge or conviction, when it occurred, the date or arrest and conviction if applicable, and the city and state where the court is located. You may be asked to supply additional information including certified copy of the judgment of conviction, a copy of the criminal complaint or any other relevant court or police documents.	<input type="checkbox"/>	<input type="checkbox"/>
2. Were you ever adjudicated delinquent by a court of law, including tribal court, before your 18 th birthday, for a crime or other offense such as a municipal ordinance violation or a civil offense under a local ordinance? ➤ If Yes, list each crime or offense, 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.	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently under community supervision by a state, federal or tribal agency (i.e. probation, extended supervision or parole)? ➤ If Yes, provide the name, address and phone number of the agency.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
4. Are you currently, or have you ever been, required to be registered on a state, tribal or national sex offender registry? ➤ If Yes, explain, including the location, reason for registration and length of time required to be registered.	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you currently the subject of a child abuse or neglect investigation by a government or regulatory agency? ➤ If Yes, explain and provide the name of the agency conducting the investigation.	<input type="checkbox"/>	<input type="checkbox"/>
6. Has any government or regulatory agency (other than the police) ever found that you abused or neglected a child? ➤ If Yes, explain, including when and where it happened and the name of the agency that made the finding.	<input type="checkbox"/>	<input type="checkbox"/>
7. 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.	<input type="checkbox"/>	<input type="checkbox"/>
8. 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.	<input type="checkbox"/>	<input type="checkbox"/>
9. 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.	<input type="checkbox"/>	<input type="checkbox"/>
10. 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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<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? ➤ If Yes, explain, including when and where it happened and the reason.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been discharged from a branch of the U.S. 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.	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you resided outside of Wisconsin in the last 5 years? ➤ If Yes, list each state and the dates you lived there.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B – OTHER REQUIRED INFORMATION	YES	NO
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.	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services or the Department Children and Families, a county department, a private child placing agency, school board or tribe? ➤ If Yes, list the review date, the result, the agency that conducted the review and attach a copy of the review decision.	<input type="checkbox"/>	<input type="checkbox"/>

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. I understand that knowingly providing false information or omitting information may result in a forfeiture and other sanctions as provided by law.

SIGNATURE	Date Signed
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COLUMBIA COUNTY
Health and Human Services
Emergency Contact Form

Name:

Date:

Address:

Home Phone:

Cell:

IN CASE OF EMERGENCY

1) Emergency Contact:

Relationship:

Contact Number: or

2) Emergency Contact:

Relationship:

Contact Number: or

**WAIVER OF LIABILITY
FOR RIDE-ALONG PASSENGERS**

I, _____, individually, (hereafter "Passenger") hereby fully and forever release and discharge the Aging and Disability Resource Center of Columbia County ("ADRC"); the Columbia County Health and Human Services Department; Columbia County, Wisconsin; and the County's officers, directors, employees and agents, and all other persons and organizations who are or might be liable (hereafter collectively "Released Parties"), from all claims and damages that may result from the Passenger voluntarily participating in a ride-along with an ADRC staff member.

1. By executing this Release, I agree that:

a. The term "claims" includes, but is not limited to, demands, actions, suits, statutory actions, administrative proceedings, contracts, torts, payments, rights, obligations, representations, awards, and all other errors and omissions whether intentional or unintentional which we now or hereafter may have arising out of, in consequence of, or in any way relating to voluntarily participating in a ride-along with an ADRC staff member.

b. The term "damages" includes, but is not limited to, damages for personal injury, bodily injury, sickness or disease; death from or relating to such incident; past, present and future disability; past, present and future pain and suffering; past, present and future medical expenses; damages for loss of services; damages for injury to or destruction of property; damages for loss of use of property; damages for loss of income and economic loss; costs, interest and attorneys fees; and all other damages of whatever kind or nature.

2. I expressly intend and agree that this Release applies to all of my claims and damages arising out of, in consequence of, or in anyway relating to said incident, or claims made from said incident, including, but not limited to, claims for known, unknown, latent, developed and undeveloped injuries; anticipated and unanticipated consequences; and known and unknown developments of any of such injuries; and claims as respects the nature, extent and permanency of any such injuries.

3. In executing this Release, I am relying on my judgment as to all phases of my claims and damages. I am not relying on any representations or statements made by any of the Released Parties, anyone representing them, or anyone employed by them.

ADRC of Columbia County:

Passenger:

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____