

## VOLUNTEER APPLICATION

Volunteer placements are assigned after submission of the Volunteer Application, Background Disclosure and Confidentiality Forms. All forms should be forwarded to Next Door, 2545 N. 29<sup>th</sup> St, 53210 or faxed to (414) 918-2752.

### VOLUNTEER INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Education (highest level completed)  Middle School  High School  Technical  College  Graduate

### VOLUNTEER EXPERIENCE

Do you have any past or current volunteer experience? If so, please explain. \_\_\_\_\_

### VOLUNTEER INTEREST

**Group/Special Events**

- Book Drive/Book Sorting
- Winter Fest (Dec)
- Mother's Day Brunch (Apr)
- Read with Me

**Annual Events**

- Adopt A Family (Dec)
- Annual Block Party (Aug)
- EHS Baby Shower
- Walk for Children (May)

**Daily/Weekly Activities**

- Office/Library Assistant
- Facilities Aide
- Tutor     Adult     Youth
- Classroom Support

### VOLUNTEER COMMITMENT

How did you hear about Next Door Foundation? \_\_\_\_\_

Why are you interested in volunteering at this time?  Community Service  For School  For Work  Parent

**Please note:** Next Door reserves the right to decline court ordered community service in accordance with Department of Children and Families Caregiver Background Information Disclosure.

Please indicate the days and times you are available to volunteer.

	Example	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	8:00						
Afternoon							
Evening	4:30 – 6:00						

Please check the box:

- I agree and consent to the use of photographs or recordings of myself to be used for information, education, advertising and publicity purposes by the Next Door Foundation for as long as they are needed. I waive all claims for any payment for such use or for damages.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Confidentiality Policy** **Staff/Volunteers/Contractors**

1. Children, families, staff members, and volunteers have a right to privacy that gives them control over the dissemination of their medical or other sensitive information. The Next Door Foundation shall preserve the right of confidentiality for all individuals in its program.
2. The staff, volunteer and contractors shall keep confidential all medical, social, referral, personal and financial information regarding a person and his/her family. Any person who accidentally obtains such information must not disclose it to anyone without proper authorization.
3. Anyone who works or volunteers for, or provides services to, the Next Door Foundation is bound by the confidentiality policy, including but not limited to: full- and part-time staff, independent contractors, temporary employees, volunteers, and board members.
4. A person must be over the age of 18 to give consent for disclosure of medical or sensitive information. For anyone under the age of 18, only parent(s), legal guardian or other legal representatives may give consent for disclosure. Adults with developmental disabilities are presumed legally competent to give or deny disclosure unless they have been adjudicated incompetent to make this type of health care or sensitive information decision. If a substitute decision maker has been appointed, written consent must be obtained from that individual.
5. Breach of this confidentiality policy may result in reprimand, loss of certain job/contractor/volunteer responsibilities, or termination of services/employment, to be determined by the Program Director/Executive Director/or Board of Directors based on the severity of the breach.

I understand and will observe the confidentiality policy of the Next Door Foundation.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

***(Signature required of all staff, volunteers, independent contractors, board members, and temporary employees)***

### BACKGROUND INFORMATION DISCLOSURE (BID)

Completion of this form is required under the provisions of Chapters 48.685 and 50.065, Wis. Stats. 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 the instructions (F-82064A) on page 1 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.

**PLEASE PRINT YOUR ANSWERS.**

Check the box that applies to you.

- Employee / Contractor (including new applicant)                       Household member / lives on premises - but not a client
- Applicant for a license or certification or registration (including continuation or renewal)                       Other – Specify:

**NOTE:** If you are an owner, operator, board member, or non client resident of a Division of Quality Assurance (DQA) regulated facility, complete the BID, F-82064, and the Appendix, F-82069, and submit both forms to the address noted in the Appendix Instructions.

Name – (First and Middle)	Name – (Last)	Position Title (Complete only if you are a prospective employee or contractor, or a current employee or contractor.)		
Any Other Names By Which You Have Been Known (Including Maiden Name)		Birth Date	Gender (M / F)	Race
Address Street, City, State, ZIP Code			Social Security Number(s)	
Business Name and Address - Employer or Care Provider (Entity)				

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, local, military and tribal courts? > If <b>Yes</b> , 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 judgement of conviction, a copy of the criminal complaint, or any other relevant court or police documents.		
2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10 <sup>th</sup> birthday for a crime or offense? (NOTE: A response to this question is only required for group and family day care centers for children and day camps for children.) > If <b>Yes</b> , list each crime, 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.		
3. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? A response is required if the box below is checked: <input type="checkbox"/> (Only employers and regulatory agencies entitled to obtain this information per sec. 48.981(7) are authorized to, and should, check this box.) > If <b>Yes</b> , explain, including when and where it happened.		
4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? > If <b>Yes</b> , explain, including when and where it happened.		

(continued on next page)

SECTION A (continued)	YES	NO
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 <b>Yes</b> , explain, including when and where it happened.		
6. Has any government or regulatory agency (other than the police) ever found that you <b>abused an elderly person</b> ? ➤ If <b>Yes</b> , 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? ➤ If <b>Yes</b> , explain, including credential name, limitations or restrictions, and time period.		

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 <b>Yes</b> , 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? ➤ If <b>Yes</b> , 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? ➤ If yes, indicate the year of discharge: _____ ➤ Attach a copy of your DD214 if you were discharged within the last 3 years.		
4. Have you resided outside of Wisconsin in the last 3 years? ➤ If <b>Yes</b> , list each state and the dates you lived there.		
5. Have you had a caregiver background check done within the last 4 years? ➤ 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.		
6. 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 <b>Yes</b> , list the review date and the review result. You may be asked to provide a copy of the review decision.		

**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 and that knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000.00 and other sanctions as provided in DHS 12.05 (4), Wis. Adm. Code.

<b>SIGNATURE</b>	Date Signed
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