

BROWN COUNTY HEALTH & HUMAN SERVICES

111 N. Jefferson Street
P.O. Box 22188
Green Bay, WI 54305-2188



Phone (920) 448-6000 Fax (920) 448-6166

Dear Applicant:

Thank you for your interest in volunteering with Brown County Health & Human Services Department. As you complete the application, please note that we ask for three references. These individuals should not be related to you. We prefer you choose someone who knows you well enough to answer questions about your reliability, cooperativeness, maturity, and general values and habits. Please notify the individuals you give as references that they will be receiving a questionnaire from us.

For your application to be considered complete please return the following items:

- Application
- Background Information Disclosure Form
- Copy of your driver's license
- Verification of your auto insurance

Applications can be returned to:

Brown County Health & Human Services Department
Attn: Volunteer Services
111 N Jefferson St
PO Box 22188
Green Bay, WI 54305-2188

A coordinator will contact you for an interview and orientation after we've received the completed reference questionnaires and background check information.

If you have any questions, please feel free to contact:

- Jamie Chaudoir, 920-448-6271 or Jamie.Chaudoir@browncountywi.gov
- Jenna Durkee, 920-448-6023 or Jenna.Durkee@browncountywi.gov

Sincerely,

Brown County Volunteer Services



**Brown County Health & Human Services Department:
Volunteer Application**

Name: _____ D.O.B.: _____

Address: _____

Cell Phone: _____ Home Phone: _____

E-Mail: _____

Currently employed: Yes No If yes, where: _____

Business Hours: _____ Length of employment with company: _____

Please list all states you have resided in since age 18: _____

Household Information:

Married: Yes No If yes, name of Spouse: _____

Children (living at home):

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Employment History:

Employer Name: _____ Position: _____ Dates Employed: _____

Educational Background:

School: _____ Years Attended: _____ Highest Grade Completed: _____ Degree Earned: _____

Volunteer Experiences (Current or Past)

Agency:

Type of Work:

Dates Active:

Do you belong to any service clubs or civic groups? Yes No

If yes, which one(s): _____

Program(s) of Interest:

- Family Interaction Volunteer Driver Clerical
 Chaperone CTC Volunteer Other: _____

How did you hear about this volunteer opportunity? _____

Mobility:

Do you have a driver's license? Yes No

Do you own an automobile? Yes No

If yes, please list the Make & Model: _____

Do you have Automobile Insurance? Yes No

Personal Characteristics:

Do you have any physical or emotional conditions, which may limit your ability to serve in certain volunteer capacities? Yes No

If yes, please explain:

Are you receiving any counseling or psychiatric treatment at this time? Yes No

If yes, please explain: _____

Are you currently or have you ever been treated for alcohol and/or other drug abuse? Yes No

If yes, please explain: _____

References:

Please provide contact information for three individuals (non-relatives) who can vouch for your reputation, character, and morals. These individuals must know you well enough to complete a reference questionnaire.

Name:

Address:

Email:

Phone:

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*Please inform the individuals named as references above that they will receive a questionnaire from us. You will be contacted for a personal interview and orientation after we have received the questionnaire from your references.

Background Information:

Have you ever been charged with an offense relating to minors? Yes No

If yes, please explain: _____

Due to the nature of the work that we do, we must ensure that all volunteers are safe and reliable individuals. With that in mind, we will require background checks for every volunteer.

If you would like an opportunity to inform us of any information we may find while completing our required checks, please do so in the space below. You are welcome to list any convictions including: traffic, civil, criminal offenses, etc. It would be best to list dates, city and state of offenses.

If any convictions resulted in probation or court supervision, please share details below:

Wisconsin Statutes 948.13 and 973.034 prohibit a person who has been convicted of certain crimes against children from engaging in an occupation or participating in a volunteer position that requires the person to work or interact primarily and directly with children under 16 years of age. By violating this prohibition, you can be penalized under the Wisconsin Criminal Code.

Authorization for Release of Confidential Information

(Please read all statements before signing.)

- I hereby authorize the Brown County Health and Human Services Department to contact the above references to conduct whatever investigation may be necessary to determine if I can become a volunteer.
- I certify that my statements in this application are true, complete and correct to the best of my knowledge and belief.
- I understand that the Brown County Health and Human Services Department will not monetarily compensate me for the hours that I donate as a volunteer.
- I understand that falsification of this application constitutes grounds for rejection or termination from this Department's Volunteer Programs.
- I give my permission to the Brown County Health and Human Services Department to check with the appropriate authorities (police, courts, motor vehicles, Child Protection, etc.) for matters of records regarding my background or history.

Volunteer Signature: _____

Date: _____

Please include:

- **This application**
- **Consent for a Caregiver Background Check form for anyone over age 17 in your home**
- **A copy of your driver's license**
- **Proof of auto and home insurance**

Return application to:

Brown County Health & Human Services
111 North Jefferson Street
P.O. Box 22188,
Green Bay, WI 54305-2188
Fax: (920)448-6166

Email: Jamie.Chaudoir@Browncountywi.gov



BROWN COUNTY HEALTH & HUMAN SERVICES
VOLUNTEER CONFIDENTIALITY AGREEMENT

Client identities and client information including protected health information (PHI) shall be considered confidential and may only be disclosed to authorized persons with the expressed, written, informed consent of the client or with appropriate statutory authority as specified in Wisconsin Statutes Chapters 46, 48, 938 & 51, Wisconsin Administrative Code HFS-94 or Federal Regulations 42 CFR Part 2, CFR Part 160 and 164, or any other applicable law, statute or administrative role.

Volunteer staff may not discuss client identities and client information with fellow volunteers who are not providing direct care to the client. Clerical, supervisory, and administrative personnel may have access to this information as needed in the performance of their roles.

If client information or client identities are disclosed to an unauthorized person, the individual responsible for the improper disclosure or use may be legally liable for the disclosure. Violations of confidentiality laws may be subject to significant federal and/or state fines and may create civil liability. Violations of confidentiality may also constitute grounds for dismissal from your job.

Client information stored on a computer or any other form of electronic or digital media is subject to all rules, regulations and laws on confidentiality.

I have read the above confidentiality guidelines and understand that I am responsible for safeguarding the confidentiality of any client identities, information or PHI which I have access to in the performance of my job and that this includes digital and electronic client information. I also understand that the confidentiality guidelines remain in effect even after I am no longer volunteering for Brown County Human Services.

Volunteer Signature

Date

CONFIDENTIALITY FOR VOLUNTEERS

In general, the same rules for confidentiality apply for volunteers that apply to paid staff. This means essentially that your relationship with the client, their personal affairs, and life situation are all privileged information. Their involvement with our agency is also privileged information. The primary worker will share with you the information necessary to carry out your assignment. This information must remain with you and be shared with no one else. Agency records are open only to the social worker. Other paid staff does not have access to records that are not assigned to them and are not privileged to examine records in which they do not have a professional involvement. Your written reports do become a part of the case record. However, a copy of your report is maintained on file in the Volunteer Services Office to allow you access to these reports.

A special rule applies to minors who are volunteers. They may share with their parents the name and address of their assignment. It is imperative that parents protect this information and not share it with others.

All volunteers are warned that confidentiality is a legal matter. Misuse of privileged information is open to a lawsuit. Although you do have liability insurance as a volunteer, no one really wants to be subject to the ordeal and expense of a lawsuit.

Volunteers, as well as paid staff, find one specifically difficult area to be sharing information with your immediate family. However, remember, a spouse or child may go to work or school and repeat what they heard at home and confidentiality has been lost. Some general suggestions are: use first names only when referring to your assignment, refer to them as a friend rather than a client, pal or companion. Be especially careful about relating the person to Child Protection, Juvenile Court, our agency, welfare, etc. Do not mention addresses of the people that you work with.

For college students, many times writing a paper about your experience simply means changing (and only using) a first name. Also be careful not to give too much identifying information which could identify your case without even using a name.

If you have any doubts about what may be shared, consult with your Volunteer Coordinator or the primary worker on the case.

BACKGROUND INFORMATION DISCLOSURE (BID)

INSTRUCTIONS

The Background Information Disclosure form (F-82064) gathers information as required by the Wisconsin Caregiver Background Check Law to help employers and governmental regulatory agencies make employment, contract, residency, and regulatory decisions. Complete and return the entire form and attach explanations as specified by employer or governmental regulatory agency.

CAREGIVER BACKGROUND CHECK LAW

In accordance with the provisions of Chapters 48.685 and 50.065, Wis. Stats., for persons who have been convicted of certain acts, crimes, or offenses:

1. The Department of Health Services (DHS) may not license, certify, or register the person or entity (Note: Employers and Care Providers are referred to as "entities");
2. A county agency may not certify a child care or license a foster or treatment foster home;
3. A child placing agency may not license a foster or treatment foster home or contract with an adoptive parent applicant for a child adoption;
4. A school board may not contract with a licensed child care provider; and
5. An entity may not employ, contract with or, permit persons to reside at the entity.

A list of barred crimes and offenses requiring rehabilitation review is available from the regulatory agencies or through the Internet at <http://dhs.wisconsin.gov/caregiver/StatutesINDEX.HTM>.

THE CAREGIVER LAW COVERS THE FOLLOWING EMPLOYERS / CARE PROVIDERS (Referred to as "Entities"):

Programs Regulated under Chapter 48, Wis. Stats.	Treatment Foster Care, Family Child Care Centers, Group Child Care Centers, Residential Care Centers for Children and Youth, Child Placing Agencies, Day Camps for Children, Family Foster Homes for Children, Group Homes for Children, Shelter Care Facilities for Children, and Certified Family Child Care.
Programs Regulated under Chapters 50, 51, and 146, Wis. Stats.	Emergency Mental Health Service Programs, Mental Health Day Treatment Services for Children, Community Mental Health, Developmental Disabilities, AODA Services, Community Support Programs, Community Based Residential Facilities, 3-4 Bed Adult Family Homes, Residential Care Apartment Complexes, Ambulance Service Providers, Hospitals, Rural Medical Centers, Hospices, Nursing Homes, Facilities for the Developmentally Disabled, and Home Health Agencies – including those that provide personal care services.
Others	Child Care Providers contracted through Local School Boards

THE CAREGIVER LAW COVERS THE FOLLOWING PERSONS:

- Anyone employed by or contracting with a covered entity who has access to the clients served, except if the access is infrequent or sporadic and service is not directly related to care of the client.
- Anyone who is a Child Care Provider who contracts with a School Board under Wisconsin Statute 120.13 (14).
- Anyone who lives on the premises of a covered entity and is 10 years old or over, but is not a client ("nonclientresident").
- Anyone who is licensed by DHS.
- Anyone who has a foster home licensed by DHS.
- Anyone certified by DHS.
- Anyone who is a Child Care Provider certified by a county department.
- Anyone registered by DHS.
- Anyone who is a board member or corporate officer who has access to the clients served.

FAIR EMPLOYMENT ACT

Wisconsin's Fair Employment Law, Chapters 111.31 - 111.395, Wis. Stats., 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.

PERSONALLY IDENTIFIABLE INFORMATION

This information is used to obtain relevant data as required by the provisions set forth by the Wisconsin Caregiver Background Check Law. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches. For example, the Department of Justice uses social security numbers, names, gender, race, and date of birth to prevent incorrect matches of persons with criminal convictions. The Department of Health Services' Caregiver Misconduct Registry uses social security numbers as one identifier to prevent incorrect matches of persons with findings of abuse or neglect of a client or misappropriation of a client's property.

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 <u>Street, City, State, ZIP Code</u>					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
<p>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?</p> <p>🕒 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 judgement of conviction, a copy of the criminal complaint, or any other relevant court or police documents.</p>		
<p>2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10th 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.)</p> <p>🕒 If Yes, 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.</p>		
<p>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:</p> <p><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.)</p> <p>🕒 If Yes, explain, including when and where it happened.</p>		
<p>4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?</p> <p>🕒 If Yes, explain, including when and where it happened.</p>		

(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 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 ? ⌚ 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? ⌚ If Yes , 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 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? ⌚ 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? ⌚ 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 Yes , list each state and the dates you lived there.		
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.		
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 Yes , 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.

SIGNATURE	Date Signed
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