

## 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 (B.I.D.) Form. Please note: A completed B.I.D. is needed for anyone in your home over age 18.
- A copy of your driver's license and proof of auto insurance if applicable.

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:

- Jenna Durkee, 920-448-6023 or [Jenna.Durkee@browncountywi.gov](mailto:Jenna.Durkee@browncountywi.gov)
- Courtney Thorne, 920-448-6042 or [Courtney.Thorne@browncountywi.gov](mailto:Courtney.Thorne@browncountywi.gov)

Sincerely,

Brown County Volunteer Services  
111 N Jefferson St.  
PO Box 22188  
Green Bay, WI 54305-2188



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# Brown County Health & Human Services Department: Pals Application

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I am applying to be matched as a(n):  Individual     Couple     Family (Including kids)

## Personal Information:

### *Applicant #1(A1)*

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Are you currently employed?:  Yes  No                      If yes, where: \_\_\_\_\_

Emergency Contact (Name/Relationship/Phone): \_\_\_\_\_

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

### *Applicant #2(A2)*

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Are you currently employed?:  Yes  No                      If yes, where: \_\_\_\_\_

Emergency Contact (Name/Relationship/Phone): \_\_\_\_\_

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

## Household Information:

Please list the names of any adults and/or children in the home:

Name:	Relationship:	Age:

Do you have any pets in your home?  Yes  No

Types: \_\_\_\_\_

## Employment History:

Employer Name:	Position:	Dates Employed:
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A1:

A1:

A2:

A2:

## Educational Background:

School:	Years Attended:	Grade Completed:	Degree Earned:
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A1:

A1:

A2:

A2:

## Volunteer Experiences (Current or Past):

Agency:	Type of Work:	Years Active:
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A1:

A2:

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

If yes, which one(s): \_\_\_\_\_

How did you hear about this volunteer opportunity? \_\_\_\_\_

Do you require any accommodations to help you fulfill your role as a volunteer?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

As a volunteer, you are committing to sharing your life with a child. Do you/your family anticipate changes in the next year that could impact your ability to honor your commitment?

Job Change

Marrying

Starting school

Moving

Having/Adopting Child

Other

### Preferences:

What activities or hobbies do you enjoy that a youth might also appreciate?

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What age level (3 and older) would you prefer to work with? \_\_\_\_\_

Do you have a preference in gender for your Pal?  Male  Female  No Preference

Are there any behaviors in a youth or parent that you find unacceptable?  Yes  No

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### Mobility:

Do you have a driver's license?  Yes  No

Do you have access to a vehicle?  Yes  No

Are you covered by insurance?  Yes  No

**\*If you have a vehicle, please provide verification of automobile insurance with your application.**

### 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. If you are applying as a couple/family, please provide contacts for individuals who know you both.

**Email addresses are preferred!**

Note: Please inform the individuals named as references above that they will receive a questionnaire from us.

Name:	Email:	Address:	Phone:
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### Background Information:

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.

*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.*

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## Authorization for Release of Confidential Information

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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: \_\_\_\_\_

Return application to:

Brown County Health & Human Services

Attn: Volunteer Services

111 North Jefferson Street

P.O. Box 22188

Green Bay, WI 54305



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## Brown County Health & Human Services: Volunteer Confidentiality Agreement

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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.

Volunteers 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.

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.
- 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.

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

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.

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

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

## 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 <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.</p>		
<p>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.)</p> <p>🕒 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.</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 <b>Yes</b>, 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 <b>Yes</b>, 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 <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.

SIGNATURE	Date Signed
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**Brown County, Wisconsin  
Electronic Taxpayer Identification Number (TIN) Verification**

**Substitute W-9**

Rev. January 2021

LOGOs Vendor Acct #:

The Federal Tax Equity and Fiscal Responsibility Act require that we must prepare a form 1099 for every check recipient in any calendar year. In order to assist us in fulfilling the requirements, please complete this form and return it to the address below.

PRINT or TYPE (complete instructions can be found on the reverse side of this form)

<b>Individual or Business Legal Name</b> <i>As entered with IRS</i>	<p>Check Appropriate Boxes:</p> <p><b>Are you engaged in providing a medical service?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Are you engaged in providing legal service?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Type of Entity/Business (check only <u>one</u>):</b></p> <p><input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual or Sole Proprietorship <input type="checkbox"/> Single-Member LLC (one member/owner) <input type="checkbox"/> Multi-Member LLC (two or more members/owners)</p> <p>If Multi-Member LLC, indicate <u>tax classification</u>:</p> <p><input type="checkbox"/> Treated as a C-Corporation <input type="checkbox"/> Treated as a S-Corporation <input type="checkbox"/> Treated as a Partnership</p> <p><input type="checkbox"/> Estate / Trust</p> <p><input type="checkbox"/> Organization Exempt from Tax Under section 501(a,c,d) or 403(b)(7) you must provide a copy of exempt form.</p> <p><input type="checkbox"/> Government or Government Sponsored Entities</p>
<b>Trade Name</b> <i>If doing business as (D/B/A) or name of Sole Proprietorship</i>	
<b>Primary Address</b> <i>For return of 1099 Form</i>	
<b>Remit to Address</b> <i>Where checks should be sent (if different than address listed above)</i>	
Taxpayer Identification Number (TIN) (provide only one; if Sole Proprietorship provide FEIN if applicable)	
<b>Social Security Number (SSN):</b>	
<b>OR</b>	
Federal Employer Identification Number (FEIN):	
<b>Certification</b> <i>Under penalties of perjury, I certify that I have provided my correct taxpayer identification number and that I am not subject to backup withholding as specified on the reverse side of this form. The information provided in this Digital Signature form is true and correct to the best of my knowledge.</i>	
<b>Signature:</b>	<b>Phone:</b>
Title (if applicable):	<b>Date:</b>

Return this form to the address or fax number below:

**Brown County Health and Human Services**  
PO Box 22188  
Green Bay, WI 54305-2188  
Fax: (920) 448-4530