

**Pals Volunteer - Position Description**  
Brown County Health & Human Services Department

**Description of This Service:**

The assigned mentor(s) spend time in recreational or learning activities with a child age 3 or older from a family that has been or is currently involved with Brown County Child Protective Services. Volunteer mentors help the child adjust to the separation or loss of a parent, enhance self-esteem and confidence, and learn new skills. Volunteers can also assist the youth by teaching necessary life skills and tools so they can be successful, independent adults. Matches are based on compatibility, are reviewed annually and can continue for as long as both partners are interested until the youth is eighteen. On-going support is provided by the Pals Program Coordinators.

**Major Responsibilities:**

- To meet with the child at least two or three times per month or as otherwise agreed upon in advance.
- Observe agency rules of confidentiality; report any concerns regarding possible abuse/neglect.
- Report progress monthly to the Pals Coordinator
- Be reliable and consistent

**Activities Might Include:**

- Visits or tours to points of interest, sporting events, fishing, exploring nature, bike riding, library, museums, and in general, broadening the child's range of interests and knowledge. Activities around volunteer's home are encouraged as well.
- Teaching life skills
- Assisting/encouraging/acknowledging the child's performance in school and extracurricular activities
- Working with the youth on specific goals to help build their independence such as budgeting, finding employment, planning for after high school, etc.
- Attending (optional) group activities

**Qualifications:**

- Be at least age 18
- Consent to a police background check in each state that you've resided in
- Possess a recommended minimum of \$100,000 combined single limit auto and renters/homeowners insurance, and provide proof of insurance.

**Time:**

- Matches usually get together two or more times per month for a couple of hours or more.
- A one year commitment is required

**Reimbursement:**

Mileage may be reimbursed at the annually adjusted IRS rate. Reimbursement is for mileage incurred only in Brown County.

## BROWN COUNTY HEALTH & HUMAN SERVICES

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



Dear Applicant:

Thank you for your interest in the Pals Program. 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, tolerance level, and ability to communicate with children. 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 and homeowner's/renter's insurance

**Applications can be returned to:**

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

A coordinator will contact you for an in-home interview 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](mailto:Jamie.Chaudoir@browncountywi.gov)
- Jenna Durkee, 920-448-6023 or [Jenna.Durkee@browncountywi.gov](mailto:Jenna.Durkee@browncountywi.gov)

Sincerely,

Jamie Chaudoir & Jenna Durkee, Pals Program Coordinators



## Brown County Health & Human Services: Pal Volunteer Application

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

Applicant #1 (A1): \_\_\_\_\_ D.O.B.: \_\_\_\_\_

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

Preferred Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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: \_\_\_\_\_

Applicant #2 (A2): \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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:

Other adults in the home:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Children (living at home):

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Do you have any pets in your home?  Yes  No

If so, what kind? \_\_\_\_\_

Do you have a driver's license? A1:  Yes  No A2:  Yes  No

Do you own an automobile?  Yes  No

If yes, please list the Make & Model (A1): \_\_\_\_\_ (A2): \_\_\_\_\_

Do you have Automobile Insurance?  Yes  No

If yes, please identify the company name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Do you have homeowner's/renter's Insurance?  Yes  No

If yes, please identify the company name: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Employment History:**

<u>Employer Name:</u>	<u>Position:</u>	<u>Dates Employed:</u>
A1: _____	_____	_____
A1: _____	_____	_____
A2: _____	_____	_____
A2: _____	_____	_____

**Educational Background:**

<u>School:</u>	<u>Years Attended:</u>	<u>Highest Grade Completed:</u>	<u>Degree Earned:</u>
A1: _____	_____	_____	_____
A2: _____	_____	_____	_____

**Volunteer Experiences (Current or Past)**

<u>Agency Name:</u>	<u>Type of Work:</u>	<u>Dates Employed:</u>
A1: _____	_____	_____
A1: _____	_____	_____
A2: _____	_____	_____
A2: _____	_____	_____

Do you belong to any service clubs or civic groups? Yes  No  If yes, which one(s)?

A1: \_\_\_\_\_

A2: \_\_\_\_\_

**Pals Interest:**

How did you hear about the Pals Program? \_\_\_\_\_

Why are you interested in becoming a Pal Volunteer? \_\_\_\_\_

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? \_\_\_\_\_

Are there any behaviors in a youth or parent that you find unacceptable? \_\_\_\_\_

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**Personal Characteristics:**

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?

- |                                     |  |  |
|-------------------------------------|--|--|
| <input type="checkbox"/> Job Change | <input type="checkbox"/> Marrying              | <input type="checkbox"/> Starting school |
| <input type="checkbox"/> Moving     | <input type="checkbox"/> Having/Adopting Child | <input type="checkbox"/> Other: _____    |

Do you have any physical and/or emotional conditions that might impact your interactions with a child?  
Yes  No

If yes, please explain (and indicate which applicant it pertains to): \_\_\_\_\_

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Do you take prescribed medications that might affect your time with a child? Yes  No

If yes, please explain (and indicate which applicant it pertains to): \_\_\_\_\_

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

If yes, please explain (and indicate which applicant it pertains to): \_\_\_\_\_

Mental Health?  Yes  No

If yes, please explain (and indicate which applicant it pertains to): \_\_\_\_\_

**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 a couple/family match, please list individuals who can speak about you both.**

<u>Name:</u>	<u>Address:</u>	<u>Email:</u>	<u>Phone:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## 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.

**Do you have any pending charges?**

A1:  Yes     No If yes, please explain: \_\_\_\_\_

A2:  Yes     No If yes, please explain: \_\_\_\_\_

**Have you ever been convicted of a crime?**

A1:  Yes     No If yes, please explain: \_\_\_\_\_

A2:  Yes     No If yes, please explain: \_\_\_\_\_

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

A1: \_\_\_\_\_

A2: \_\_\_\_\_

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.

**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 (A1): \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Signature (A2): \_\_\_\_\_ 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)448-4443

Email: [Jenna.Durkee@Browncountywi.gov](mailto:Jenna.Durkee@Browncountywi.gov) or  
[Jamie.Chaudoir@Browncountywi.gov](mailto:Jamie.Chaudoir@Browncountywi.gov)



## 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)						

<b>SECTION A - ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION</b>	<b>YES</b>	<b>NO</b>
<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)



<b>SECTION A (continued)</b>	<b>YES</b>	<b>NO</b>
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.		
<b>SECTION B – OTHER REQUIRED INFORMATION</b>	<b>YES</b>	<b>NO</b>
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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