

BETHANY

The Best Care. Always.



1226 Berlin Street-Waupaca, WI 54981 (715)258-5521 Fax (715)258-6989

Volunteer Application

Personal Information

Date: _____

Name (Last, First, Middle Initial): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Is it okay to text about volunteer shifts? ____ Yes ____ No

Emergency Contact: _____ Phone: _____

Are you 14 years of age or older? ____ Yes ____ No

Experience

Have you volunteered before? ____ Yes ____ No If yes, where? _____

How did you hear about us? _____

Why are you interested in volunteering at Bethany? _____

Describe any previous work experience that may be relevant to your volunteer opportunities at Bethany. _____

How much time will you be able to help? Please write the amount of hours and circle if it is a per day, week, or month

_____ Hours per: Day Week Month

Can we contact you if we need additional help a particular day?

Circle one: Yes No

Please fill out the hours that you are able to volunteer below:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Areas of Interest (Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> 1-1 Special Friend | <input type="checkbox"/> Activity Aid |
| <input type="checkbox"/> Evening Activity Assistant | <input type="checkbox"/> Baking Demonstration or Assistant |
| <input type="checkbox"/> Valet | <input type="checkbox"/> Bingo Announcer |
| <input type="checkbox"/> Church Service Helper | <input type="checkbox"/> Conversations |
| <input type="checkbox"/> Driver | <input type="checkbox"/> Gardner |
| <input type="checkbox"/> Housekeeping Assistant | <input type="checkbox"/> Men's Group |
| <input type="checkbox"/> Outing Assistant | <input type="checkbox"/> Women's Group |
| <input type="checkbox"/> Special Event Assistant | <input type="checkbox"/> Support Clerk |
| <input type="checkbox"/> Thrift Store Attendant | <input type="checkbox"/> Workout Buddy |
| <input type="checkbox"/> Walking Leader | <input type="checkbox"/> Reading Buddies |
| <input type="checkbox"/> Pedi-Cab | <input type="checkbox"/> Pet Therapy |
| <input type="checkbox"/> Bleu Barn Assistant | <input type="checkbox"/> Delivery Driver |

Many residents like to play cards, if you checked this box please write down the games you know:

Please elaborate one other checked areas of interest, write ideas of how you would like to help:

Other areas of interest and ideas you have for volunteering:

Signature

I certify that the information given in this volunteer application is true and correct and has been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the organization from any liability whatsoever for supplying such information. I understand that I will not be paid for my services as a volunteer at Bethany Home, Inc.

Signature

Date

Please return completed application to the Volunteer Coordinator or the receptionist.

BACKGROUND INFORMATION DISCLOSURE (BID)

For Instructions, see [F-82064A](#).

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 OR TYPE YOUR ANSWERS.

Check the box that applies to you.

- | | |
|---|---|
| <input type="checkbox"/> Employee / Contractor (including new applicant)
<input type="checkbox"/> Applicant for a license or certification or registration (including continuation or renewal) | <input type="checkbox"/> Household member / lives on premises – but not a client
<input type="checkbox"/> Other – Specify: |
|---|---|

NOTE: If you are an owner, operator, board member, or non-client resident of a Division of Quality Assurance (DQA) 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 <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White		Social Security Number(s)	
Home Address		City	State Zip Code
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 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 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 found to be (adjudicated) delinquent by a court of law on or after your 10 th 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 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.	<input type="checkbox"/>	<input type="checkbox"/>
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 Yes , explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
4. 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"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>

Last Name --

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<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 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.	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you resided outside of Wisconsin in the last 3 years? > If Yes , list each state and the dates you lived there.	<input type="checkbox"/>	<input type="checkbox"/>
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, 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.	<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 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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