



Driving	
Background	
Entered	

Volunteer Application

(Please print)

Date: _____

Name: _____ Birth date: _____

Address: _____

City/State/Zip: _____

Circle one: Male / Female

Home Phone: _____ Work phone: _____
(Only provide work # if able to contact you at work)

Cell Phone: _____ Email: _____

Best time to reach you? _____

Congregation: _____

How did you hear about Interfaith Caregivers?

Previous volunteer experience:

Work Experience

If you have been employed in the last five years, please list the name and address of your present and previous employers and job descriptions.

Employer Name, Address, Phone	Dates Employed	Job Title/Duties

Please circle the area towns of Washington County you are willing to volunteer in:

Allenton Colgate Germantown Hartford Hustisford Jackson Kewaskum
 Newburg Richfield Hubertus Slinger West Bend

Availability for Volunteering (Please check when you **are** available to volunteer)

Day	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Volunteer Interests (Check all that apply)

Transportation to

- Healthcare Appointments in town
- Healthcare Appointments out of town
- Grocery Shopping

Client Socialization

- Phone Reassurance
- In-home Visits

Seasonal

- Snow Removal
- Lawn Mowing
- Window Washing

In-home Services

- Minor Home Repairs
- Painting
- Laundry
- Housekeeping
- Meal Preparation
- Moving Assistance

Office Assistance

- Phone Contacts
- Data Entry
- Client-Volunteer Matching
- Mailing assembly

Committee Work

- Special Events
- Volunteer Recruitment

Program Assistance

- Agency Communications
- Public Speaking
- Public/Media Relations
- Others skills that you would be willing to share

Your preferences for being matched with a client

Pets ?

- No dogs
- No cats
- No birds
- No pets of any kind

Smoking ?

- non-smoker only
- does not matter

Language (Describe any second/third language proficiencies):

Other information about you that would help us to make a good placement (education, skills, general interests, hobbies, etc)

Transportation Information

Do you have access to a reliable vehicle? YES / NO

Auto Insurance Company: _____

Driver's License Number: _____

Do you have any driving restrictions? _____

If choosing to transport care receivers, how far in miles are you willing to travel? _____

Please return volunteer application to:
Interfaith Caregivers of Washington County
P.O. Box 1143
West Bend, WI 53095

CONFIDENTIALITY AGREEMENT

Confidentiality is the legal right to privacy. Any information regarding a care receiver learned through conversations or contained in a care receiver's file is confidential information. No information should be released to anyone (including family members) without proper authorization. This is a violation of state and federal law. Anyone who discloses information without a current, signed authorization form can be held liable for damages or could face claim for defamation or an invasion of privacy. Both volunteers and Interfaith Caregivers of Washington County can be held liable in this regard, but as a volunteer you can be held liable for civil and criminal penalties. This may include criminal charges, fines and/or jail time. Any volunteer that violates the confidentiality of any care receiver will be terminated from volunteering at Interfaith Caregivers of Washington County.

Volunteers are required to respect the privacy of all Interfaith Caregivers' care receivers and to follow these general guidelines of confidentiality.

1. Names of recipients are not to be mentioned in social settings or outside of normal day-to-day business operations of Interfaith Caregivers of Washington County.
2. Situations that would cause another person to know the care receiver are not to be discussed with anyone except the Interfaith staff.
3. Signs of elder abuse that is either suspected or observed should be reported to the Interfaith staff immediately and discretely.

Signature

Date

PERMISSION TO PERFORM BACKGROUND CHECK

I hereby allow Interfaith Caregivers of Washington County to perform a check of my background, including: Criminal Record, Past Employment History, Personal References, and Other Volunteer Experiences.

I understand that this is appropriate for the volunteer jobs in which I have expressed an interest. I understand that I do not have to agree to this background check, but that refusal to do so will exclude me from consideration for some types of volunteer work.

I understand that information collected during this background check will be limited to that appropriate to determining my suitability for particular types of volunteer work and that all such information collected during the check will be kept confidential.

I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability of the described volunteer work and such other information as they deem appropriate.

Signed _____ Date _____

Social Security Number _____ Birth Date _____

BACKGROUND INFORMATION DISCLOSURE

Please answer the following questions as completely and accurately as possible. Answering affirmatively to any questions will not necessarily bar you from employment/volunteering with Interfaith Caregivers of Washington County. However, failure to comply with these requirements, or providing false information, will likely result in denial or termination of employment or volunteer activities.

Name (first, middle and last) _____

Any other names by which you have been known (including maiden name) _____

Birth Date _____ Gender (circle) M F

1. Do you have criminal charges pending against you or were you ever convicted of any crime (not including traffic violations) anywhere, including federal, state, local, military and tribal courts? Yes ___ No ___ If yes, list each crime, when it occurred or the date of conviction and the city and state where the court is located. You may be asked to supply additional information including certified copy of the judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.

2. Has any government regulatory agency (other than police) ever found that you abused or neglected any person or client? Yes ___ No ___ If yes, explain, including when and where it happened.

3. Has any government regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client? Yes ___ No ___ If yes, explain, including when and where it happened.

4. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients? Yes ___ No ___

5. Have you resided outside of Wisconsin in the last three years? Yes ___ No ___ If yes, list each state and the dates that you lived there.

I submit that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information will result in denial or termination of employment and/or volunteer activities, and other penalties as provided under the law.

Signature: _____

Date: _____



General Guidelines for Services Provided

1. You, as the volunteer shall contact the care receiver within 24 hours of receiving an assignment to discuss details regarding assistance needed. (Time of pick-up or appointment, any health concerns you should be aware of, what cleaning needs to be done. etc.) Then, call again the day before to confirm the scheduled appointment. Please notify the Interfaith office immediately if you are unable to complete an agreed upon commitment.
2. We recommend you do not give your telephone number to care receivers. This is very important to us, so we can schedule appointments and keep track of the care being received, as well as to reduce the risk of the care receiver becoming too dependent on you, the volunteer. Please discuss any additional requests for help with the program director.
3. We do understand there may be a time when volunteering may no longer work with your schedule, health issues may arise, or you lose interest in volunteering. If this happens please contact us as soon as possible. We will mark your file "in-active". You are still able to volunteer in the future, just contact us when you do become available once again.
4. Volunteers should never loan money to the care receiver and should never accept money for services provided. Interfaith Caregivers does accept donations, but there is never a requirement to pay for services
5. Volunteers are responsible for determining how much assistance is needed. If you feel the care receiver is capable of performing the tasks in which they are seeking help, notify us immediately so we can direct your help to those in need. It is important to keep their files updated regularly with any changes, so we can provide the appropriate amount of services to each care receiver. It is also important to notify the office if you notice a change in the care receivers' condition.
6. Please remember to keep track of your mileage and hours each month. If you need more timesheets, let us know and we will gladly send you more! Reported hours and mileage are critical in our requests for funding from area organizations and government.
7. Enjoy your care receiver! Take the time to listen- you may be the only person who has listened to them all week!