



South Wood County YMCA VOLUNTEER APPLICATION

Please print legibly in ink. You must complete the entire application. DATE: _____

APPLICANT INFORMATION

Name (first, middle, last)	Telephone # ()
Address (street, city, state, zip code)	Cell Phone # ()
Please list any other names under which you have worked or attended school.	Social Security # - -
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of birth _____ Volunteers under 18 years of age will need written permission from their parent or guardian.	Email address

Are you a current member of the South Wood County YMCA? Yes No

Have you ever been convicted or have charges pending of a crime (felony or misdemeanor)? Yes No
If yes, explain 1) nature of the crime 2) date of conviction, and 3) state in which convicted.
We conduct criminal record checks on all volunteers. Convictions are not an automatic bar to volunteer opportunities. However, failure to provide complete and accurate information relating to criminal convictions will result in immediate removal from volunteer service. If you are unsure how to complete this information, please contact the Human Resources Department.

ASSIGNMENT PREFERENCES

Please indicate your availability for volunteer service: (check any that apply)

Days of the Week: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Times of Day: Morning Afternoon Evening List hours per week desired _____

Please indicate in numerical order the top three areas of interest:

Programs:

<input type="checkbox"/> Aquatics/Swim Team	<input type="checkbox"/> Member Services	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Adult Leagues	<input type="checkbox"/> Preschool Classes	<input type="checkbox"/> Special Events
<input type="checkbox"/> Child Care/School Age Child Care	<input type="checkbox"/> Summer Camp	_____
<input type="checkbox"/> Gymnastics/Dance	<input type="checkbox"/> Adventure Center	<input type="checkbox"/> Committees or Board
<input type="checkbox"/> Health & Wellness	<input type="checkbox"/> Youth Sports	<input type="checkbox"/> Office Support/Administrative

ADDITIONAL INFORMATION

Please list all training, skills, certifications, etc. which you plan to utilize in your volunteer service.

Describe your goals for performing volunteer service with the YMCA.

How did you learn of volunteer opportunities at the YMCA? (check all that apply)

<input type="checkbox"/> Volunteer Fair	<input type="checkbox"/> Community Agency	<input type="checkbox"/> School/College
<input type="checkbox"/> Newspaper/Radio	<input type="checkbox"/> YMCA Web Site	<input type="checkbox"/> Employee/Volunteer Referral
<input type="checkbox"/> Other _____		

WORK & VOLUNTEER SERVICE EXPERIENCE

Have you ever performed volunteer service before? Yes No If yes, when? _____
Please describe:

Have you ever been paid to work for the YMCA? Yes No If yes, when? _____
Please describe:

Are you currently employed? Yes No May we contact your current employer for reference purposes? Yes No

Name of Employer Job Title

Name of Immediate Supervisor Telephone Number ()

PERSONAL/PROFESSIONAL/FAMILY REFERENCES

Name Daytime Telephone ()
Evening Telephone ()

Address

Relationship How long known?

Name Daytime Telephone ()
Evening Telephone ()

Address

Relationship How long known?

EMERGENCY CONTACT INFORMATION

Name Telephone Number ()

Please read carefully before signing this application.

- 1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of volunteering or be cause for subsequent dismissal if I am chosen for a volunteer assignment.
- 2. I authorize the South Wood County YMCA to investigate and verify any and all information provided on this volunteer application. Such information and verification whether favorable or unfavorable may be provided by present or former employers, references provided, or any individual familiar with my background or me. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to my background or me.
- 3. Regardless of whether or not I become a volunteer with the South Wood County YMCA, I recognize that this application is not and should not be considered a contract. I understand that volunteering at the South Wood County YMCA is on an at-will basis and that my volunteer assignment may be terminated with or without cause, and without notice, at any time, at my option or the South Wood County YMCA's unless specifically provided otherwise.

Signature: _____ Date: _____

BACKGROUND INFORMATION DISCLOSURE (BID)

- **PENALTY: Knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000 and other sanctions as provided in Wis. Admin. Code § DHS 12.05(4).**
- Completion of this form is required under the provisions of Wis. Stat. § 50.065. 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 DQA form F-82064A, *BID Instructions*, 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.
- **PRINT OR TYPE YOUR ANSWERS.**

Check the box that applies to you.

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

NOTE: If you are an owner, operator, board member, or non-client resident of a facility regulated by the Division of Quality Assurance (DQA), complete the BID, F-82064 and the Appendix, F-82069, and submit both forms to the address noted in the Appendix Instructions.

Full Legal Name – <i>First</i>		<i>Middle</i>		<i>Last</i>	
Position Title (Complete only if a prospective or current employee or contractor.)			Birth Date (MM/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Any Other Names By Which You Have Been Known (Including Maiden Name)					
Race / Ethnicity (Check ONLY one.) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown				Social Security Number	
Home Address		City		State	Zip Code
Business Name and Address – Employer or Care Provider (Entity)					

A “NO” answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION

- Do you have any criminal charges pending against you, including in federal, state, local, military, and tribal courts?
 If **Yes**, list each charge, when it occurred or the date of the charge, and the city and state where the court is located.
 You may be asked to supply additional information, including a copy of the criminal complaint or any other relevant court or police documents.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

- 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.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

3. **IMPORTANT: Read before completing item 3.**

Wis. Stat. § 48.981 Abused and neglected children and abused unborn children. (7)(a) CONFIDENTIALITY. "All reports made under this section, notices provided under sub. (3) (bm), and records maintained by an agency and other persons, officials, and institutions shall be confidential." Reports and records may be disclosed only to the persons identified in this section.

If you are the employer or prospective employer of the person completing this form and are entitled to obtain this information per the above, check this box.

Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? Yes No

If the above box has been checked, provide an explanation below, including when and where the incident(s) occurred.

4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? Yes No

If **Yes**, explain, including when and where it happened.

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? Yes No

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**? Yes No

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? Yes No

If **Yes**, explain, including credential name, limitations or restrictions, and time period.

SECTION B – OTHER REQUIRED INFORMATION

1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services? Yes No

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? Yes No

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? Yes No
 If **Yes**, indicate the year of discharge: _____

Attach a copy of your DD214, if you were discharged within the last three (3) years.

4. Have you resided outside of Wisconsin in the last three (3) years? Yes No

If **Yes**, list each state and the dates you resided there.

5. If you are employed by or applying for the State of Wisconsin, have you resided outside of Wisconsin in the last seven (7) years? Yes No

If **Yes**, list each state and the dates you resided there.

6. Have you had a caregiver background check done within the last four (4) years? Yes No

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.

7. 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?

Yes No

If **Yes**, list the review date and the review result. You may be asked to provide a copy of the review decision.

Read and initial the following statement.

_____ I have completed and reviewed this form (F-82064, BID) and affirm that the information is true and correct as of today's date.

Name – Person Completing This Form

Date Submitted