St. Paul Elder Services, Inc. Kaukauna, Wisconsin

ADULT VOLUNTEER APPLICATION FORM

First Name	Middle Name	Last Name
How do you want your name listed on your nametag (first name only):		

Address	City, State	Zip

Phone (Home)	Phone (Work)	Date of Birth (mm/dd/yy)

Cell Phone	E-Mail Address

Emergency Contact

Name	Phone	Relationship

Location & Schedule Preference

❑ St. Paul Home ❑ St. Paul Villa ❑ Community Outreach ❑ St. Paul Hospice	❑ Morning ❑ Afternoon ❑ Evening _____ Preferred Times	❑ Monday ❑ Saturday ❑ Tuesday ❑ Sunday ❑ Wednesday ❑ Thursday ❑ Friday

What hobbies, skills and interests would you like to share with residents/SPES?

Why do you want to volunteer at St. Paul Elder Services?

Please indicate your education and training?

Please indicate your occupation and employer contact information (if retired, please indicate previous work experience).	
Occupation (type of work)	
Current or last employment:	
Employer's Name:	Dates of employment:
Employer Address:	Phone Number:
City/State:	Zip Code:
May we contact your employer: ❑ Yes ❑ No	

Please provide two (2) personal references: Must be 21 years old and not a member of your family:

Name:	Phone:
Address:	Relationship to you:

Name:	Phone:
Address:	Relationship to you:

(continued on back)

VOLUNTEER OPPORTUNITIES

ACTIVITY PROGRAMS
- ❑ Arts and Crafts
- ❑ Exercise
- ❑ Gardening with Residents
- ❑ Manicures
- ❑ Music (play instrument)
- ❑ Painting Class
- ❑ Singing
- ❑ Writing Class

GENERAL
- ❑ Baking/Cooking
- ❑ Companion for Doctor Appointments
- ❑ Ladies or Men's Club
- ❑ Outdoor Rides/Walks
- ❑ Pet Therapy
- ❑ Reminiscing and/or Reading
- ❑ Transport wheelchairs (in facility)
- ❑ 1:1 Visiting

GAMES
- ❑ Bingo
- ❑ Cards (bridge, poker, sheep head, etc.)
- ❑ Table Games

OTHER
- ❑ Clerical Work
- ❑ Gift Shop
- ❑ Mail Delivery
- ❑ Mending
- ❑ Computer (IT)
- ❑ SPOON (assisting residents with eating)

HOSPICE
- ❑ Patient Support
- ❑ Bereavement Services
- ❑ Administrative/Clerical

MAINTENANCE
- ❑ Clean storerooms
- ❑ Cleaning Vehicles
- ❑ Grounds work – mowing, weeding, raking, planting
- ❑ Painting

SPECIAL SERVICE
- ❑ Power washing
- ❑ Staining
- ❑ Clean/arrange Comfort Carts
- ❑ Shredding paper

DIETARY
- ❑ Stainless steel cleaning (kitchen)
- ❑ Clean refrigerators

RELIGIOUS PROGRAMS
- ❑ Caring Companion (read bulletin or visit)
- ❑ Companion for the Dying
- ❑ Eucharistic Minister at Mass
- ❑ In Room Communion
- ❑ Lector at Mass
- ❑ Lutheran Services
- ❑ Assist with Music during Liturgy
- ❑ Rosary

HEALING WATERS POOL
- ❑ Teach Classes (CPR required – water safety preferred)

MEALS ON WHEELS (MOW)
- ❑ Driver

CLUB GABRIEL (ADULT DAY SERVICES)
- ❑ Driver/Transport (outings)
- ❑ Assist with Activity Programs
- ❑ Music/Play Instruments/Sing

SPECIAL DUTIES
- ❑ Community Outings
- ❑ Dances
- ❑ Holiday Parties
- ❑ Musical Performances
- ❑ Concierge (Greeter at receptionist desk)
- ❑ Paul's Pals (hospitality on neighborhood)

CLINICAL DUTIES (must be an RN)
- ❑ Blood Pressure
- ❑ Blood Sugar
- ❑ Immunizations (giving shots)
- ❑ Foot and Nail Care

HOUSEKEEPING/LAUNDRY
- ❑ Washing windows (day rooms/Haen/life enrichment)
- ❑ Spotting carpets
- ❑ Clean vents, light fixtures, etc.
- ❑ Wipe down garbage cans
- ❑ Wipe down Dining room chairs
- ❑ Wash walls (Dining room)
- ❑ Organize supply room
- ❑ Assist in Laundry
- ❑ Stock Linen

NURSING
- ❑ Wipe down wheelchairs (in facility)
- ❑ Wipe down equipment (lifts/walkers etc.)
- ❑ Wipe down railings (hallways)
- ❑ Clean bed frames

THERAPY
- ❑ Transportation

Confidentiality Statement:

I will consider as confidential, all information which I may gain in my volunteer position, directly or indirectly, concerning patients, doctors, staff, employees, families, and volunteers. I understand that my volunteer service may be curtailed as a result of any breach of confidentiality. I certify that information given herein is true and complete to the best of my knowledge. I understand that I am applying for a volunteer position, without promise of expectation of compensation. I understand that my position can be terminated with or without notice, at any time, at either the option of the volunteer or St. Paul Elder Services. These policies are subject to changes as deemed necessary.

Applicant Signature: _____ **Date:** _____

If you are interested in volunteering in Hospice, the following information also needs to be completed. Thank you.

Hospice Areas of Interest:

Patient Care Volunteer
Provides direct support to patients and families through companionship, assisting with tasks, and errands:

- ❑ In Home
- ❑ In Nursing Home
- ❑ In Assisted Living
- ❑ Personal Care
- ❑ Meal Preparation/Delivery
- ❑ Alternative Therapies
- ❑ Companionship

Bereavement Volunteer
Provides ongoing emotional and spiritual support by visits, calls, or letters:

- ❑ Caller
- ❑ Home Visits
- ❑ Support Group Co-Facilitator
- ❑ Memorial Service Committee

Administrative Volunteer
Provides assistance with office tasks, special functions, and projects:

- ❑ Clerical/Office
- ❑ Fundraising
- ❑ Mailings
- ❑ Events
- ❑ Marketing
- ❑ Courier
- ❑ Receptionist
- ❑ Data Entry
- ❑ Transportation

Do you know a language other than English?

Language: _____ ❑ Speak ❑ Read ❑ Write

Language: _____ ❑ Speak ❑ Read ❑ Write

How did you hear about our Hospice program?

_____

_____

Why do you want to be a Hospice Volunteer?

_____

_____

_____

(continued on back)

Death and Dying

What are your thoughts and feelings about death and dying?

Have you ever been with and/or cared for someone at the time of their death? ❑ Yes ❑ No

If yes, please describe briefly:

What qualities (skills, talents, knowledge, and experiences) do you feel you can incorporate into your hospice volunteer work with someone who is dying?

When thinking of your own death, what words best describe death to you?

❑ Sorrowful ❑ Natural ❑ Frightening ❑ Painful
❑ Lonely ❑ Joyful ❑ Heavy ❑ Peaceful
❑ Dark ❑ I do not think of my own death

If you'd like to explain:

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. **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.

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.

The list of offenses affecting caregiver eligibility that require 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. Exception: Emergency medical technicians and first responders are not covered under the Caregiver Law.
- 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 ("non-client resident").
- 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.

DEPARTMENT OF HEALTH SERVICES
Division of Enterprise Services
F-82064 (02/2014)

STATE OF WISCONSIN
Chapters 48.685 and 50.065, Wis. Stats.
DHS 12.05(4), Wis. Admin. Code

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 OR TYPE YOUR ANSWERS.

Check the box that applies to you.

☐ Employee / Contractor (including new applicant)
☐ Applicant for a license or certification or registration (including continuation or renewal)
☐ Household member / lives on premises - but not a client
☐ 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
☐ American Indian or Alaskan Native ☐ Black ☐ Unknown
☐ Asian or Pacific Islander ☐ 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.	☐	☐
2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10th 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.	☐	☐
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: ❑ (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.	☐	☐

Last Name –

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
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.	☐	☐
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.	☐	☐
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.	☐	☐
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.	☐	☐

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.	☐	☐
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.	☐	☐
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 **Yes**, list each state and the dates you lived there.	☐	☐

Last Name –

SECTION B – OTHER REQUIRED INFORMATION	YES	NO
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.	☐	☐
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.	☐	☐

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