

Dear Volunteer,

Thank you for deciding to share your time with survivors and their families residing at CRA.

As you are filling out the application, please be sure to fill out all areas. This will help us to make sure that we have all of the information to process your application in a timely manner.

Part of becoming a volunteer is to have a background check. There is a form that you will need to sign in your Volunteer packet. The other form is a confidentiality form. These two items are the most important part of being a Volunteer. We cannot put our survivors and their families in any danger, whether physical or by speaking to someone in the community about who is staying here. Their anonymity is what will keep them safe and it is vital that any confidential information you see or hear at the shelter, remain here.

When filling out the application, please let us know all of the areas that you would be willing to help. Our plan is to offer these life skills to the residents of the shelter and schedule a time that would work for both you and the group. Our numbers fluctuate and change. Some will stay 1 day, others may need 3-6 months to move on to a safe place. Most of our residents work during the day and you may need to be adaptable with your program. Remember, it doesn't need to be a formal, text book class, just share your knowledge & have some fun! If you are not contacted right away, or it has been a long time, don't worry, it just means that our shelter is always changing, and although we want to be able to offer a set schedule for these classes, it isn't always possible when schedules don't mesh.

You will be contacted after your application has been processed. We will sit down to go over your choices, your schedule and any questions or concerns you may have. We look forward to welcoming you to part of our volunteer family!

If you have any questions regarding the application process, please contact Joan at either 715-825-4414 (Tuesday's or Wednesday's) or anytime at joans@crashelter.org



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.
- 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 ("nonclient 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.

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) 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 judgement 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"/>

(continued on next page)

SECTION A (continued)	YES	NO
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"/>
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.

PRINT NAME – Required Individual	Date Submitted
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Community Referral Agency, Inc.

Board/Staff/Volunteer/Service Provider Confidentiality Statement

Policy:

All Board members, paid staff and volunteer staff at Community Referral Agency, Inc. (CRA) have agreed to maintain the confidentiality of every individual who has participated in our services/programs, past or present.

CRA staff and affiliates are not permitted to disclose the location of any client under Wisconsin Statute 895.67 and Wisconsin Statute 905.045 have what is known as "privilege communication". However; files can be subpoenaed by the courts, therefore, out of necessity, CRA files are kept brief and without detail in an effort to protect clients. Clients have full access to their own CRA file and can request to view the contents at any time.

I understand that the confidentiality of client records is maintained by Employees and volunteers of CRA; they will not disclose information from client records to a person outside of this organization. However, I understand that information may be released to the proper authorities under the following circumstances:

- Client consents in writing;
- The disclosure is directed by a court order, such as a warrant for arrest or a subpoena;
- The disclosure is made to medical personnel in a medical emergency;
- Threats or suspicion of child abuse;
- Threats or suspicion of criminal activity inside or outside of the agency, such as theft;
- If client asserts that they plan to or have hurt themselves;
- If client asserts that they plan at a future time to hurt another individual, or they have hurt another individual.

CRA considers itself to be a mandated reporter of child abuse and neglect. This means that all staff and volunteers will report abuse or neglect to the Executive Director and then the Health and Human Services Department. It is our policy to discuss any possible reports with the client prior to making the report unless we believe that the discussion will cause the child(ren) greater harm.

All staff/ service providers of CRA are required to agree, in writing, to maintain the confidentiality of every individual they meet or have knowledge of while involved with CRA services/programs.

Breaking confidentiality is essentially breaking the law.

Nondisclosure

Under section 995.67 Wisconsin Statutes: Employees and volunteers of CRA may not disclose to any person the location of a client and/or their children. In circumstances listed above, and as required under section 995.67 (2), client agrees to allow CRA to disclose their location, and the location of their minor child(ren) in their care when they receive services.

I have read and understand the Confidentiality Statement written above. I agree to maintain the confidentiality of all clients participating in CRA services and programs. I understand that client confidentiality will be valued and held by all other CRA staff/service providers.

Name (print)

Signature

Date

Updated 5-22-19

Approved: May 23, 2019



Community Referral Agency, Inc

Volunteer Application

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form, along with personal background information will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Name: _____

Mailing Address:

Phone Numbers: Cell Phone: _____ Receive Text: YES NO

Landline or work number: _____

Emergency Contact: _____

Contact phone number: _____

Hours you would like to commit to volunteering with CRA each month: _____

I am able to provide knowledge / I am interested in the following activities: (check all that apply)

- ☐ Job Skills: job search, resume writing, interview skills, getting a job & keeping it
- ☐ Basic Car Maintenance: checking tire pressure, changing oil, changing tires, checking fluids
- ☐ Food prep/cooking: easy baking, easy cooking, preparing freezer to crock pot meals, basic nutrition, shopping on a budget
- ☐ Hobbies: Gardening, basic sewing, yarn hobbies, scrapbooking
- ☐ Front Desk: Answering phones, helping with donations, copying & filing
- ☐ Fundraising: Distributing flyers, helping the day of an event, assisting in preparing for the event, collecting donations
- ☐ Community: Distributing flyers etc.
- ☐ Family: Organize a family movie night, game night etc.
- ☐ Foster Pets: Provide a safe place for the family pets
- ☐ Shelter Maintenance: Room painting, carpet cleaning, light maintenance as needed, gardening, shoveling snow, playground maintenance
- ☐ List any additional activities that you feel could provide shelter survivors or their families:

Please fill out & sign the back of this application 

How did you find out about CRA? ☐ Newspaper ☐ Friend ☐ Flyer ☐ Church
☐ Business/organization ☐ Other _____

Write a brief paragraph explaining why you would like to volunteer at CRA:

Any additional information you would like us to know about you?:

Please provide us with three personal references, not relatives or supervisors:

Name: _____

Phone: _____ Relationship to you: _____

Name: _____

Phone: _____ Relationship to you: _____

Name: _____

Phone: _____ Relationship to you: _____

As a volunteer of Community Referral Agency, Inc, I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature: _____ Date: _____