☐ **Wisconsin Veterans Home at King**
N2665 County Rd. QQ
King, Wisconsin 54946-0600
(715) 258-5586

☐ **Wisconsin Veterans Home at Union Grove**
21425 G Spring St.
Union Grove, Wisconsin 53182
(262) 878-5670

VOLUNTEER REGISTRATION

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

Date of Interview: _____

Date of Orientation: _____

Name: _____
First Middle Initial Last

Mailing Address: _____
Street City State Zip

Home Phone: _____ Alternate Phone: _____ Email Address: _____

Service Organization Membership: _____

Volunteer Experience: _____

_____

Employment Experience: _____

_____

Special Skills/Interests: (hobbies, second languages) _____

_____

Volunteer Activities of Possible Interest:

Assist With Group Programs
- ☐ Arts and Crafts
- ☐ Reading for Book Club
- ☐ Exercise Classes
- ☐ Active Games
- ☐ Birthday Parties
- ☐ Holiday/Festive Parties
- ☐ Reading Current Events
- ☐ Religious Programs
- ☐ Parlor Games
- ☐ Gardening/Weed Pulling
- ☐ Bingo

Independently Offer
- ☐ Book Mobile
- ☐ Talking Books
- ☐ Assist Resident to Programs
- ☐ Clerical Assistance
- ☐ Typing

Provide One-On-One Visits
- ☐ Conventional Visits
- ☐ Letter Writing
- ☐ Crafts
- ☐ Current Events
- ☐ Reminiscing
- ☐ Trivia
- ☐ Cards/Table Games
- ☐ Sensory Stimulation
- ☐ Outdoor Rides
- ☐ Reading Aloud

Lead/Assist
- ☐ Outdoor Walks
- ☐ Cards (poker, bridge)
- ☐ Film Shows
- ☐ Religious Programs
- ☐ Men's Club
- ☐ Ladies Club
- ☐ Musical Performances
- ☐ Sponsoring a Bingo Event

You can access the most recent version of this form from the WDVA website at *www.WisVets.com/Forms.*

Other: _____

_____

_____

Why did you decide to Volunteer at the Wisconsin Veterans Home? _____

_____

Availability: (check preference) ☐ Mornings ☐ Afternoons ☐ Evenings

☐ M ☐ T ☐ W ☐ R ☐ F ☐ S ☐ Sun

Frequency: (check preference) ☐ Weekly ☐ Every Other Week ☐ Monthly ☐ Other: _____

Length of Time You Wish to Volunteer: (check preference) ☐ 1 hour ☐ 2 hours ☐ 3 hours ☐ Other: _____

Are you interested in being contacted for assistance with special events? ☐ Yes ☐ No

If so, what type of events? _____

_____

Do you have any health limitations you would like us to know about? _____

_____

Emergency Contact: _____ Relationship: _____ Phone: _____

Comments/Other Information you would like us to know: _____

_____

_____

_____

_____

_____

Date of Birth: _____

Signature: _____ Date: _____

Legal - ☐ Y ☐ N A volunteer must be vetted for a criminal background check pursuant to 38 CFR 51.90. By checking the "yes" box and signing this form you consent to this and understand the volunteer agreement will be terminated immediately upon a disqualifying conviction. The volunteer has a duty to inform the Home immediately of all criminal convictions.

You can access the most recent version of this form from the WDVA website at *www.WisVets.com/Forms*.

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VOLUNTEER AGREEMENT

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

Volunteer Name		Position Title	
Address		City	State / ZIP + 4
Daytime Phone Number	Cell Phone Number	Email Address	
Emergency Contact		Emergency Contact Daytime Phone Number	
Dates of Agreement (mm/dd/ccyy) From To	Scheduled Hours/Week	Schedule (e.g., every Friday, Wednesday through Saturday, varies, etc.)	

Volunteer Location

Name of State Agency		Site/Program/Activity	
Address		City	State / ZIP + 4
Volunteer Supervisor Name		Title	Phone Number

This agreement for volunteer services is entered into by and between the volunteer and the State agency named above. The volunteer and the State agency mutually agree to the following responsibilities:

Volunteer

1. Will be under the supervision, direction and control of the supervisor named above.
2. Understands that s/he is a volunteer and NOT an employee of the State of Wisconsin or the State agency named above and is not eligible for any benefits, including Worker's Compensation.
3. Understands all work rules that are to be followed.
4. Understands that the State agency named above will provide no compensation.
5. Understands that a criminal background check may be conducted in compliance with 38 CFR 51.90, and disqualifying factors may result in termination. Any new criminal convictions should be reported to the Home immediately.

State Agency Named Above

1. Will provide the volunteer with a Volunteer Handbook describing duties to be performed.
2. Will provide training and orientation required to perform the agreed upon duties.
3. Will educate and orientate volunteers on safety awareness in the workplace.
4. Will provide necessary volunteer safety and equipment related items.
5. Will regard the volunteer as an **agent** of the State as provided in s. 895.46, Wis. Stats. As an agent of the State, the volunteer will be entitled to all the protections provided by s. 895.46, Wis. Stats.
6. Will review and update this Volunteer Agreement on at least an annual basis.
7. Will conduct BID in compliance with 38 CFR 51.90.

Either the volunteer or the State agency named above may cancel this agreement at any time.

Volunteer's Signature — Date (mm/dd/ccyy)

Authorized State Agency Representative Signature — Date (mm/dd/ccyy)

Volunteer Agreement – Cash Exchange

Completion of this portion of the form is only necessary for work involving exchange of cash as an agent of the State. Personal information collected will be used to administer the specific program to which you are volunteering only. There may be additional forms to be completed. Information provided may be available upon request as required under Wisconsin's Open Records Law (ss. 19.31-10.39, Wis. Stats)

This form must be filled out by anyone not an employee of the state and proposing to do work involving exchange of cash on a state-owned or operated property. It is important to know that as a volunteer you are not eligible for benefits reserved for employees including Worker's Compensation.

Volunteer Name	Name of State Agency	Site/Program/Activity

I have read the terms of this Agreement and understand that I am held accountable for my actions as a volunteer and that any funds entrusted to me will be handled according to my specific program's procedures; any misconduct may lead to termination and/or prosecution to the full extent of the law. I will comply with any Manual Codes and handbooks as applicable.

Volunteer's Signature (Volunteer Must be at Least 18 Years of Age)	Date (mm/dd/ccyy)

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VOLUNTEER CONFIDENTIALITY

Volunteer Confidentiality Statement

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

As a Volunteer, I understand that federal law mandates to the Facility the responsibility to protect its Members and Personnel from any unauthorized invasion of the individual's Right to Privacy.

I understand that information concerning the Members and Personnel shall be held in strict confidence and never discussed with anyone outside or inside the Facility.

As represented by my signature below, I promise to honor and respect the rights and confidences of the Members and Personnel of this Facility.

Volunteer Name: _____

Volunteer Signature: _____ Date: _____

Activity Staff Signature: _____ Date: _____

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HIPAA – AGREEMENT FOR VOLUNTEERS

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

HIPAA, which stands for "Health Insurance Portability & Accountability Act," is a set of Federal regulations that apply to all health care facilities. As a volunteer at the Wisconsin Veterans Home you need to be aware of these regulations. The regulations are intended to protect privacy for Members, without limiting care and services for our Members. Thus, during the year, training sessions will be held to familiarize you with those Federal regulations and the Homes' policies.

Privacy includes any information that can identify a Member including:

- Member Name, Current Address/Room Number, Hometown, etc.
- Birth Date, Admission Date, Discharge Date, Date of Death, etc.
- Diagnosis, Ilnesses, Diet, etc.

Some examples are:

1. While visiting a Member, he shares with you that he lived in Milwaukee. You have another friend who lives in Milwaukee. This is considered private information; you cannot share with your friend that you met a man from Union Grove who formerly lived in Milwaukee.
2. A Member tells you his leg is really hurting. You go to the nursing station to inform the staff that this Member is in pain. This is considered care information; this meets the guidelines of "care" for the Member and you are being a great help by informing the nursing staff.
3. You are sitting in the lobby and hear two people talking. One appears to be a Member and the other, the Member's spouse. The conversation between the two becomes louder and you can hear what they are talking about. This is considered private information; you cannot share this information with anyone, only with an appropriate staff member if you feel the situation warrants.
4. While helping a Member in an activity, you notice that the Member has some strange behaviors/communication. This is considered private/care information; you should contact a staff member and report the behavior. If staff tells you this is normal for this Member, you may share this information with other volunteers helping this Member at this event.

By signing below, I certify that I understand, and will respect Member privacy at the Wisconsin Veterans Home. In addition, I will treat all information relating to its Members as confidential.

Volunteer Name: _____

Volunteer Signature: _____ Date: _____

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CONSENT TO PHOTOGRAPH

Authorization To Use Volunteer Photographs

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

I agree to permit the Facility to use any photographs that I am a part of, for the purpose of the photograph being posted within the Facility, for advertising/marketing purposes or to be released to the media.

This authorization to use or take photographs of Volunteers extends only to the use of the photograph(s) for the specific purpose stated in this authorization.

Volunteer Signature: _____ Date: _____

Signature of Parent/Guardian
(if Volunteer is a Minor) _____ Date: _____

Activity Staff Signature: _____ Date: _____

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VOLUNTEER PLEDGE

I will protect the Member and his/her rights to the best of my ability at all times.

I pledge as a Volunteer that I will do my best to prevent any harm to a Member.

I will remove a Member from any situation where harm, disrespect, neglect, theft or abuse of any kind is taking place and report the behavior to an Activities Staff Member or Nurse Supervisor and the Volunteer Coordinator.

I will always stay with Members assigned to my care and assure they are safe and protected.

I realize that it is my responsibility to report any person who has caused harm of any kind to a Member to a Supervisor and Volunteer Coordinator.

I understand what abuse, neglect, misappropriation and mistreatment are and will report to a Supervisor and Volunteer Coordinator any time something happens that makes me feel uncomfortable about treatment of a Member.

Volunteering for the Veterans that are Members at this facility is a privilege and I will do my best on their behalf.

Volunteer Name: _____ Date: _____

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BACKGROUND INFORMATION DISCLOSURE (BID) – VOLUNTEERS

The provision of your social security number is voluntary. Failure to provide your social security number may result in an information processing delay.

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.

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.

Dear Applicant:

PLEASE READ CAREFULLY!!

Failure to disclose this information may result in our inability to consider you as a prospective volunteer.

When completing the attached Background Information Disclosure form you **must disclose** any pending charges, convictions you may have received, or any violations for which you paid a fine or forfeiture, even if you did not appear in court. Examples of such charges/convictions include (but are not limited to):

- Disorderly Conduct
- Battery
- Harassment Restraining Order
- Criminal Charges (worthless checks, traffic offenses, or otherwise)
- Underage Drinking
- Operating While Intoxicated
- Possession of Drugs and/or Paraphernalia
- Theft

Due to the nature of our institutions, we are required by state and federal laws and regulations, including but not limited to 38 CFR 51.90(c)(1)(i)(A), to conduct thorough background investigations on all applicants and employees that will be in contact with our members. We appreciate your understanding and cooperation of our request for detailed disclosure.

PLEASE PRINT 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	
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 judgement 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.	☐	☐
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.	☐	☐
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 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 _____

SIGNATURE _____ Date Submitted _____

Scott Walker, Governor

John A. Scocos, Secretary

STATE OF WISCONSIN
DEPARTMENT OF VETERANS AFFAIRS

201 West Washington Avenue
P.O. Box 7843
Madison, WI 53707-7843

Phone: (608) 266-1311
Toll-free: 1-800-WIS-VETS (947-8387)
Fax: (608) 267-0403
Email: Headquarters@dva.wisconsin.gov
Website: www.WisVets.com

Date: _____

Michelle Warren
Wisconsin Department of Veterans Affairs
201 West Washington Avenue
P.O. Box 7843
Madison, WI 53707-7843

To whom it may concern:

I, _____ (applicant's name), authorize the Wisconsin Department of Veterans Affairs to conduct an Illinois criminal background check in my name.

Sincerely,

_____
(applicant's signature)