



Interfaith Volunteer Caregivers of Portage County
Volunteer Application



Name: _____ Date of Birth: _____
 First M.I. Last

Home Phone: _____ May we call you at work? _____ Work Number _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____ Sex: Male _____ Female _____

Ethnicity: Caucasian African American Asian Native American
 Hispanic/Latino Pacific Islander Mixed Unknown

Second/third language proficiencies _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____ City/State/Zip: _____

Phone Number: _____

COMMUNITY ACTIVITIES

Congregational Membership: _____

Previous Volunteer Experience: _____

REFERRAL INFORMATION: How did you hear about Interfaith Volunteer Caregivers?

- RSVP Church Newspaper/Media Other
- Word of Mouth (Neighbor/Friend) 211
- United Way Volunteer Center (www.volunteersrock.org)

EMPLOYMENT

- Retired Employed Full Time
- Not Employed Employed Part Time

<u>Office Use Only</u>	Date:
Received:	_____
Background CIB:	_____
Background CCAP:	_____
Background PCC:	_____
Background SOR:	_____
Confidentiality signed:	_____
Orientation completed:	_____
Entered in database:	_____

VOLUNTEER SERVICE INTERESTS (Please check all applicable)

- Transportation
- Shopping for client
- Errands
- Office Work
- Minor Home Repairs
- Yard Work
- Public Relations/Advertising
- Home visits
- Phone Reassurance
- News On Tape Reader
- Shopping with client
- Advisory Committee Member
- In Home Assistance
- Snow Removal
- Letter Writing

Are you interested in being matched to provide ongoing services to an individual in need of regular assistance? Yes No

TRANSPORTATION INFORMATION (Please fill out if interested in providing transportation)

Do you have access to a **reliable** vehicle? Car Van Truck SUV

Auto Insurance Company: _____ Driver's License # _____

Please List Any Driving Restrictions: _____

Other Service Limitations or Preferences

Pets No dogs No cats **Smoking** Non-smokers only Doesn't matter

Please describe any physical limitations, medical conditions, or personal preferences to be considered when matching you with a client: _____

AVAILABILITY (Check all boxes that you ARE available to provide Interfaith services.)

Day	Morning (8 AM-12 PM)	Afternoon (12-5 PM)	Evening (5-9 PM)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Times of the year that you may be unavailable or out of town (going south for the winter, etc)

- January – March June – August:
- Other _____

REFERENCES

Please provide two **non-family** references that we may contact:

Name: _____ Relationship: _____

Address: _____ City/State/Zip: _____

Phone Number (daytime): _____

Name: _____ Relationship: _____

Address: _____ City/State/Zip: _____

Phone Number (daytime): _____

RISK MANAGEMENT

Interfaith strives to provide a safe, quality volunteer experience for all applicants. Interfaith will communicate the needs of clients to volunteers in advance of assignments. Volunteers are asked to apply common sense and not undertake services that are unsafe or beyond reasonable expectations for a volunteer assignment. Volunteer automobile insurance is primary when providing transportation services through Interfaith. I agree to maintain my automobile liability insurance equal to or greater than the minimum limits required by the State of Wisconsin. **Please initial that you have read the above information _____**

CONFIDENTIALITY AGREEMENT

Confidentiality is the legal right to privacy. Any information regarding a client learned through conversations or contained in a client'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 it could be grounds for defamation or an invasion of privacy allegations. Both volunteers and Interfaith Volunteer Caregivers can be held liable, but as a volunteer you can also be held liable for civil and criminal penalty. This can include criminal charges, fines and/or jail time. Any volunteer that violates the confidentiality of any client will be terminated from volunteering at Interfaith Volunteer Caregivers of Portage County.

Volunteers are required to respect the privacy of all Interfaith Volunteer Caregiver clients and to follow the guidelines of confidentiality listed below.

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

Please initial that you have read the above information _____

I affirm that all the information on this application is correct.

Signature

Date

EQUAL OPPORTUNITY

Interfaith Volunteer Caregivers will provide equal opportunities to all individual volunteers and care receivers regardless of their race, age, sex, sexual orientation, creed or religion, color, handicap or disability, marital, citizenship, or veteran status, membership in the National Guard, state defense force, or reserves, national origin or ancestry, arrest or conviction record, or any other characteristic protected by law. This policy applies to our decisions related to the volunteer and care receiver application process and the services and care provided through our programs.

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 volunteering with Interfaith Volunteer Caregivers. However, failure to comply or providing false information may result in denial or termination of volunteer activities.

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

2) 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?
 No Yes

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 the certified copy of the judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.

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

If yes, please explain, including when and where it happened.

4) Has any governmental regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client? No Yes

If yes, please explain, including when and where it happened.

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

If yes, please explain.

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

Dates	State/Country

PROHIBITED HARASSMENT

It is Interfaith’s policy to maintain an environment for our volunteers and care receivers that is free of unlawful discrimination and verbal, physical, visual and sexual harassment.

This policy refers to, but is not limited to, unlawful harassment and discrimination in the following areas: 1) age, 2) race, 3) color, 4) national origin, 5) religion, 6) sex, 7) sexual orientation, 8) marital status, 9) handicap, and 10) veteran status.

Verbal harassment includes racial, sexual, or ethnic jokes and insults. Physical harassment includes unwelcome touching, grabbing, and pinching. Visual harassment includes sexually suggestive pictures, posters, photographs, or cartoons, or other materials intended to reflect negatively on an individual's race, national origin, ancestry, religion or sexual preference.

Sexual harassment includes unwelcome sexual advances, sexual remarks, requests for sexual favors, or the creation of an intimidating or hostile work environment demeaning to an individual because of his or her sex or sexual preference. Sexual harassment undermines the employment relationship by creating an intimidating, hostile, or offensive work environment and will not be tolerated.

Harassment may also refer to behavior, which is personally offensive, impairs morale, and interferes with the work effectiveness of employees. Any unlawful harassment of employees by other employees will not be permitted, regardless of their working relationship.

In fulfilling their obligation to maintain a positive and productive environment for the Interfaith volunteers and care receivers, the Director is expected to immediately halt any unlawful harassment of which he becomes aware by emphasizing Interfaith's policy and, when necessary, by more direct action.

Complaint Procedure. Individuals who believe they have been subject to harassment from either a volunteer or a care receiver should make it clear to the offender that such behavior is offensive to them and should immediately bring the matter to the attention of the Director. In the event the complaint is against the Interfaith's Director, the volunteer or care receiver should bring the matter to the attention of the United Way's Executive Director, as soon as possible.

The Director (or Executive Director) will promptly, and to the extent possible, confidentially investigate all complaints of harassment. It is important for volunteers and care receivers who feel they have been harassed to report incidents to Interfaith's Director. Interfaith prohibits any retaliation against an individual who has complained of harassment, or against any individual who participates in the Interfaith's investigation of the complaint.

Any volunteer or care receiver found to have engaged in any type of unlawful harassment or discrimination shall be subject to termination from Interfaith's program.

I affirm that the information provided above is truthful and accurate to the best of my knowledge. I acknowledge that knowingly providing false information or omitting information will result in denial or termination of volunteer activities and other penalties as provided under the law. I acknowledge that Interfaith will run a criminal background check. I also affirm that I have read the prohibited harassment policy above.

Signature

Date

Thank you for completing this volunteer application! Interfaith Volunteer Caregivers truly appreciates your interest in servicing those in need in our community.

Please return completed application to:

**Interfaith Volunteer Caregivers of Portage County
1100 Centerpoint Drive, Suite 301
Stevens Point, WI 54481
(P): 715-342-4084 (F): 715-341-3717
e-mail: volunteer@unitedwaypoco.org**

When your application returns to the office, your references will be contacted, your background check will be completed, and then we will contact you to set up an orientation session for you to attend.