



**Penfield**  
Children's Center  
833 N 26<sup>th</sup> St

Milwaukee WI 53233

Phone: 414-344-7676 Fax: 414-345-6399

www.penfieldchildren.org

## Volunteer Application

### Office Use Only:

Appl \_\_\_\_\_ Confid \_\_\_\_\_ Crim Ntl \_\_\_\_\_  
Bkgr Perm \_\_\_\_\_ Media Cons \_\_\_\_\_ Pred Chk \_\_\_\_\_  
BID \_\_\_\_\_ Mil C \_\_\_\_\_

In Comp \_\_\_\_\_ Name Tag \_\_\_\_\_ Orient \_\_\_\_\_

START \_\_\_\_\_ ROOM \_\_\_\_\_ DAY/S \_\_\_\_\_

### Personal Information

Name \_\_\_\_\_

Local Address (if at college etc.) (street, city, state, **zip code**) \_\_\_\_\_

Home Address (street, city, state, **zip code**) \_\_\_\_\_

Home Phone:  
w/area code \_\_\_\_\_

Cell Phone:  
w/area code \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact 1. Name and Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Contact 2. Name and Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Education Information

High School currently attending (if applicable): \_\_\_\_\_

College Attending/Attended (if applicable): \_\_\_\_\_

Degree/Field of Study: \_\_\_\_\_ Last Year Completed: \_\_\_\_\_

Have you completed any courses in early childhood: \_\_\_\_\_

Do you speak any languages other than English? \_\_\_\_\_

### Volunteer Requirements

Will your Penfield volunteer hours be for school or community credit? \_\_\_\_\_

If yes, how many hours are required \_\_\_\_\_

Name of School and Class/Program: \_\_\_\_\_

Volunteer assignments often require lifting and holding children.

Do you have the ability to lift up to 40 lbs? \_\_\_\_\_ Volunteer assignments often require sitting on the floor. Do you have the ability to lower yourself to the floor, sit on floor and raise yourself back up? \_\_\_\_\_

## Volunteer Preferences

Volunteers placed in most assignments are expected to make a minimum time commitment of one work shift (2 hours) for a period of one semester (approx. 3 months). Please check the area(s) that interest you.

	<b>Classroom or Speech Playgroup:</b> Assist with play, learning, and skill-building activities for young children.
	<b>Special Care Nursery:</b> Rock and feed medically fragile infants and young children (may require infant/child care experience).
	<b>Office Support:</b> Assist with clerical activities, primarily in Medical Records, such as filing, photocopying, and computer work.
	<b>Fund Raising Events or Special Projects:</b> Assist at special events or help at activities for children and families of Penfield.
	<b>Outreach Events:</b> Assist at locations such as Wisconsin State Fair, Summerfest etc. in an interactive information booth; this would include <b>weekday and weekend</b> opportunities

**Please circle days/times you are able to volunteer:**

Monday 8:30-11:30	Tuesday 8:30-11:30	Wednesday 8:30-11:30	Thursday 8:30-11:30	Friday 8:30-11:30
Monday 11:30-1:30	Tuesday 11:30-1:30	Wednesday 11:30-1:30	Thursday 11:30-1:30	Friday 11:30-1:30
Monday 1:30-3:00	Tuesday 1:30-3:00	Wednesday 1:30-3:00	Thursday 1:30-3:00	Friday 1:30-3:00
Monday 3:00-5:00	Tuesday 3:00-5:00	Wednesday 3:00-5:00	Thursday 3:00-5:00	Friday 3:00-5:00

**Please circle age group preference**

0-12 months	12-18 months	18-36 months	Over 36 months	any
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## Additional Information

Current Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Please help us complete the following demographics as required by United Way

Gender: Male _____ Female _____	Date of Birth: _____	Have you served in the Armed Forces? _____
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Ethnic Origin:

African American (non-Hispanic) \_\_\_\_\_ Asian \_\_\_\_\_ White(non-Hispanic) \_\_\_\_\_ Hispanic \_\_\_\_\_

American Indian or Alaska Native \_\_\_\_\_ Native Hawaiian or Pacific Islander \_\_\_\_\_

Other (please list) \_\_\_\_\_ Two or more Races (please list) \_\_\_\_\_

\*please note, answering "yes" to any of the following questions does not automatically exclude a candidate from acceptance

Have you ever been convicted of, plead guilty or no contest to a felony, misdemeanor or local ordinance violation? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

Are you subject to any pending charges? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

**Please read and sign:**

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 a volunteer placement.

Signed by Applicant \_\_\_\_\_ Date \_\_\_\_\_

**CONFIDENTIALITY STATEMENT**

As a volunteer of Penfield Children's Center, I understand that I may have access to confidential patient information which is protected by Wisconsin law and by the Health Insurance Portability and Accountability Act (HIPAA), as described in the Penfield Volunteer Handbook.

I understand that unauthorized access or unauthorized disclosure of confidential health care information regarding any Penfield Children's Center client or taking photography may be grounds for immediate termination as a volunteer, and may subject me to penalties under Wisconsin and/or Federal law.

\_\_\_\_\_  
Volunteer's Name (please print)

\_\_\_\_\_  
Volunteer's Signature Date

\_\_\_\_\_  
Witness Signature Title Date

**MEDIA CONSENT**

Penfield Children's Center (the "Center") from time to time authorizes others to take photographs, film a video or present a radio broadcast featuring the children enrolled at the Center, along with staff and volunteers. These images may be incorporated in promotional material such as brochures, newsletters, posters and solicitation pieces or posted on our website and other social media sites including Facebook, Twitter, Instagram and Flickr. This material may also be used by the news media or radio stations to inform the community about the Center's program. Additionally, information regarding the child's health may be disclosed as part of the promotional piece. Penfield limits use and disclosure of health information to the minimum necessary to accomplish the intended purpose. Before any promotional material is taken, outside agencies or the news media must sign a written agreement assuring the center the use of this material will be consistent with the objectives of the Center.

Penfield will make its best effort to notify you should your child appear in the newspaper, on television, radio or for any spontaneous publicity event. However, sometimes the media contacts us on very short notice for these promotions.

We ask you to give Penfield and any media we authorize, approval to use promotional material taken during your child's enrollment / your employment at the Center in a manner which we decide may benefit the Center.

If you have any questions concerning the use of this promotional material or any other information contained in this explanation, please ask them **BEFORE** you sign the form.

Thank you for your cooperation, understanding and support.

\_\_\_\_\_  
Name of Child/Employee/Volunteer Date

- YES, promotional material taken of me / my child can be used in the manner stated above.
- NO, promotional material taken of me / my child may **NOT** be used in the manner stated above.

I understand I must notify Penfield if I want to change my child's media / no media consent.

\_\_\_\_\_  
Signature

**DISCLOSURE AUTHORIZATION FORM**

**Penfield Children's Center** may request background information about you from a consumer reporting agency in connection with your On-Going Volunteer Application.

HireRight, Inc., or another consumer reporting agency, will obtain some of the reports for Penfield Children's Center. HireRight, Inc. is located at 5151 California Avenue, Irvine, CA 92617, and can be contacted at 800-490-7983.

The types of information that may be obtained include, but are not limited to: social security number verifications; criminal records checks; public court records checks; driving records checks; educational records checks; employment verifications; personal and professional references checks; licensing and certification records checks; drug testing results; etc. The information contained in the reports will be obtained from private and public record sources, including, as appropriate, personal interviews with sources, such as neighbors, friends and associates.

You may request more information about the nature and scope of any background checks for caregivers by contacting: **Ellen Anderson, Volunteer Services Coordinator, Penfield Children's Center 833 N 26<sup>th</sup> St, Milwaukee, WI 53233, 414-345-6376.**

**AUTHORIZATION**

I have carefully read and understand this Disclosure Authorization form. By my signature below, I consent to the release of background checks, including some prepared by a consumer reporting agency, such as HireRight, Inc., to Penfield Children's Center and its designated representatives and agents. I understand that if I volunteer for Penfield Children's Center, my consent will apply, and the Penfield Children's Center may obtain reports, throughout my tenure as a volunteer.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

First Name: \_\_\_\_\_ Middle Init: \_\_\_\_\_ Last Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.

**Note: On Background Information Disclosure form we DO need your birthdate and social security number. For the first selection of boxes, check "OTHER" and fill in: "Child Care Volunteer".**

## 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 <b>Yes</b> , 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 <sup>th</sup> 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 <b>Yes</b> , 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 <b>Yes</b> , 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 <b>Yes</b> , explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>

(continued on next page)

<b>SECTION A (continued)</b>	<b>YES</b>	<b>NO</b>
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 <b>Yes</b> , 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 <b>abused an elderly person</b> ? ➤ If <b>Yes</b> , 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 <b>Yes</b> , explain, including credential name, limitations or restrictions, and time period.	<input type="checkbox"/>	<input type="checkbox"/>
<b>SECTION B – OTHER REQUIRED INFORMATION</b>	<b>YES</b>	<b>NO</b>
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 <b>Yes</b> , 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 <b>Yes</b> , 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 <b>Yes</b> , 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 <b>Yes</b> , 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 <b>Yes</b> , 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.

<b>PRINT NAME</b> – Required Individual	Date Submitted
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