BROWN COUNTY HEALTH & HUMAN SERVICES
111 N. Jefferson Street
P.O. Box 22188
Phone (920) 448-6000 Fax (920) 448-6166

Dear Applicant:

Thank you for your interest in volunteering with Brown County Health & Human Services Department. As you complete the application, please note that we ask for three references. These individuals should not be related to you. We prefer you choose someone who knows you well enough to answer questions about your reliability, cooperativeness, maturity, and general values and habits. Please notify the individuals you give as references that they will be receiving a questionnaire from us.

For your application to be considered complete please return the following items:

- Application
- Confidentiality Agreement
- Background Information Disclosure Form
- Copy of your driver's license (required for Volunteer Drivers)
- Verification of your auto insurance (required for Volunteer Drivers)

Applications can be returned to:
Brown County Health & Human Services Department
Attn: Volunteer Services
111 N Jefferson St
PO Box 22188
Green Bay, WI 54305-2188

A coordinator will contact you for an interview and orientation after we've received the completed reference questionnaires and background check information.

If you have any questions, please feel free to contact:

- Judy Tilque 920-448-6137or Judith.Tilque@browncountywi.gov
- Jenna Durkee, 920-448-6023 or Jenna.Durkee@browncountywi.gov

Sincerely,
Brown County Volunteer Coordinators

Brown County Health & Human Services Department: Volunteer Application

Program(s) of Interest:

☐ Family Interaction ☐ Pals Chaperone ☐ Volunteer Driver ☐ Clerical

☐ Community Treatment Center Volunteer ☐ Other: _____

Personal Information:

Name: _____ D.O.B.: _____

Address: _____

Cell Phone: _____ Home Phone: _____

E-Mail: _____

Emergency Contact (Name/Relationship/Phone): _____

Please list all states you have resided in since age 18: _____

Employment:

Are you currently employed?: ☐ Yes ☐ No If yes, where: _____

Employment History		
Employer Name:	**Position:**	**Dates Employed:**

Educational Background:

School:	Years Attended:	Highest Grade Completed:	Degree Earned:

Volunteer Experiences (Current or Past):

Agency:	Type of Work:	Years Active:

Do you belong to any service clubs or civic groups? ☐ Yes ☐ No

If yes, which one(s): _____

How did you hear about this volunteer opportunity? _____

Do you require any accommodations to help you fulfill your role as a volunteer? ☐Yes ☐ No

If yes, please explain: _____

Mobility:

Do you have a driver's license?	☐Yes	☐ No
Do you have access to a vehicle?	☐Yes	☐ No
Are you covered by insurance?	☐Yes	☐ No

***Please note that if your volunteer position includes transporting others, you will be asked to provide a copy of your driver's license and proof of auto insurance.**

References:

Please provide contact information for three individuals **(non-relatives)** who can vouch for your reputation, character, and morals. These individuals must know you well enough to complete a reference questionnaire.

Email addresses are preferred!

Note: Please inform the individuals named as references above that they will receive a questionnaire from us.

Name:	Email:	Address:	Phone:

Background Information:

Due to the nature of the work that we do, we must ensure that all volunteers are safe and reliable individuals. With that in mind, we will require background checks for every volunteer. We also ask that every volunteer notifies their Volunteer Coordinators if new charges/convictions are brought forth during their time as an active volunteer with Brown County HHSD as indicate in our handbook.

WI State Statute: Wisconsin Statutes 948.13 and 973.034 prohibit a person who has been convicted of certain crimes against children from engaging in an occupation or participating in a volunteer position that requires the person to work or interact primarily and directly with children under 16 years of age. By violating this prohibition, you can be penalized under the Wisconsin Criminal Code.

*Brown County Policy: 5.05 Background Checks for Existing Employees. The County is required to conduct caregiver background checks for existing employees as provided by Wisconsin Statute. All County employees subject to the caregiver background check regulations shall notify the Human Resources Department as soon as possible about any pending charge or conviction of any crime which has been or is being investigated by any governmental agency of any act or offence specified under Wisconsin Statutes as it relates to acts or offenses that may be reasons for barring a person from employment as a caregiver. This same policy shall apply to all contracted persons and **volunteers**.*

Authorization for Release of Confidential Information

Please read all statements before signing:

- I hereby authorize the Brown County Health and Human Services Department to contact the above references to conduct whatever investigation may be necessary to determine if I can become a volunteer.
- I certify that my statements in this application are true, complete and correct to the best of my knowledge and belief.
- I understand that the Brown County Health and Human Services Department will not monetarily compensate me for the hours that I donate as a volunteer.
- I authorize my information to be shared within the Children, Youth and Families Unit with Brown County for other opportunities, including but not limited to the foster care licensing.
- I understand that falsification of this application constitutes grounds for rejection or termination from this Department's Volunteer Programs.
- I give my permission to the Brown County Health and Human Services Department to check with the appropriate authorities (police, courts, motor vehicles, Child Protection, etc.) for matters of records regarding my background or history.

Volunteer Signature: _____ Date: _____

Return application to:
Brown County Health & Human Services
Attn: Volunteer Services
P.O. Box 22188
Green Bay, WI 54305-22188

BROWN COUNTY
VOLUNTEER SERVICES

Brown County
Established 1818

Brown County Health & Human Services:
Volunteer Confidentiality Agreement

Client identities and client information including protected health information (PHI) shall be considered confidential and may only be disclosed to authorized persons with the expressed, written, informed consent of the client or with appropriate statutory authority as specified in Wisconsin Statutes Chapters 46, 48, 938 & 51, Wisconsin Administrative Code HFS-94 or Federal Regulations 42 CFR Part 2, CFR Part 160 and 164, or any other applicable law, statute or administrative role.

Volunteers may not discuss client identities and client information with fellow volunteers who are not providing direct care to the client. Clerical, supervisory, and administrative personnel may have access to this information as needed in the performance of their roles. **If client information or client identities are disclosed to an unauthorized person, the individual responsible for the improper disclosure or use may be legally liable for the disclosure.** Violations of confidentiality laws may be subject to significant federal and/or state fines and may create civil liability. Violations of confidentiality may also constitute grounds for dismissal from your job.

In general, the same rules for confidentiality apply for volunteers that apply to paid staff. This means essentially that your relationship with the client, their personal affairs, and life situation are all privileged information. Their involvement with our agency is also privileged information. The primary worker will share with you the information necessary to carry out your assignment. This information must remain with you and be shared with no one else.

- Agency records are open only to the social worker. Other paid staff does not have access to records that are not assigned to them and are not privileged to examine records in which they do not have a professional involvement. Your written reports do become a part of the case record. However, a copy of your report is maintained on file in the Volunteer Services Office to allow you access to these reports.
- A special rule applies to minors who are volunteers. They may share with their parents the name and address of their assignment. It is imperative that parents protect this information and not share it with others.
- All volunteers are warned that confidentiality is a legal matter. Misuse of privileged information is open to a lawsuit. Although you do have liability insurance as a volunteer, no one really wants to be subject to the ordeal and expense of a lawsuit.
- Volunteers, as well as paid staff, find one specifically difficult area to be sharing information with your immediate family. However, remember, a spouse or child may go to work or school and repeat what they heard at home and confidentiality has been lost. Some general suggestions are: use first names only when referring to your assignment, refer to them as a friend rather than a client, pal or companion. Be especially careful about relating the person to Child Protection, Juvenile Court, our agency, welfare, etc. Do not mention addresses of the people that you work with.
- For college students, many times writing a paper about your experience simply means changing (and only using) a first name. Also be careful not to give too much identifying information which could identify your case without even using a name.
- Client information stored on a computer or any other form of electronic or digital media is subject to all rules, regulations and laws on confidentiality.

If you have any doubts about what may be shared, consult with your Volunteer Coordinator or the primary worker on the case.

I have read the above confidentiality guidelines and understand that I am responsible for safeguarding the confidentiality of any client identities, information or PHI which I have access to in the performance of my job and that this includes digital and electronic client information. I also understand that the confidentiality guidelines remain in effect even after I am no longer volunteering for Brown County Human Services.

Signature: _____ Date: _____

Brown County Health & Human Services Department:
Volunteer Authorization for Release of Records

Given the vulnerable population that we serve, we require that all volunteers complete a thorough screening. Part of this process includes consenting to a background check. In an effort to ensure the correct individual is screened, we need the following information in conjunction with the information gathered in the attached form (Background Information Disclosure).

Personal Information:

Name: _____ D.O.B.: _____

Gender: _____

Ethnicity: _____

Social Security Number: _____

Please list all states you have resided in since age 18: _____

_____

Sign: _____ Date_____

BACKGROUND INFORMATION DISCLOSURE (BID) FOR ENTITY EMPLOYEES AND CONTRACTORS

- **PENALTY:** A person who provides false information on this form may be subject to forfeiture and sanctions, as provided in Wis. Stat. § 50.065(6)(c) and Wis. Admin Code § DHS 12.05(4).
- Completion of this form to verify your eligibility for employment/service as a "caregiver" is required by Wis. Stat. § 50.065 and Wis. Admin Code ch. DHS 12. Failure to complete this form may result in denial or termination of your employment, contract or service agreement.

Refer to DQA form F-82064A, *Instructions*, for additional information.

Reset

Check the box that applies to you.

☐ Applicant / Employee
☐ Student / Volunteer
☐ Contractor
☐ Other – Specify:

NOTE: This form should NOT be used by applicants for *entity operator approval* (license, certification, registration or other DHS approval) or by entities requesting approval for an individual to reside in entity facilities as a *non-client resident*. Applicants for *entity operator approval* or for a *non-client resident* background check must request an *entity* background check from the Division of Quality Assurance.

Full Legal Name – *First*	*Middle*	*Last*

Other Names (including prior to marriage)

Position Title (applied for or existing)	Birth Date *(MM/DD/YYYY)*	Sex ☐ Male ☐ Female

Home Address	City	State	Zip Code

Business Name and Address – Employer (Entity)

Answering "NO" to all questions does not guarantee employment, a contract, or service agreement.
If more space is required, attach additional documentation to this form and indicate "see attached" in your answer.

SECTION A – DISCLOSURES

1. Do you have any criminal charges pending against you, including in federal, state, local, military, and tribal courts?
   If **Yes**, list each charge, when it occurred or the date of the charge, and the city and state where the court is located.
   You may be asked to supply additional information, including a copy of the criminal complaint or any other relevant court or police documents.
   Yes ☐ No ☐

2. 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.
   Yes ☐ No ☐

3. Please note that Wis. Stat. § 48.981, *Abused or neglected children and abused unborn children*, may apply to information concerning findings of child abuse and neglect.
   Has any government or regulatory agency (other than the police) ever found that you committed **child** abuse or neglect?
   Provide an explanation below, including when and where the incident(s) occurred.
   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.
   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? Yes ☐ No ☐
   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**? Yes ☐ No ☐
   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? Yes ☐ No ☐
   If **Yes**, explain, including credential name, limitations or restrictions, and time period.

SECTION B – OTHER REQUIRED INFORMATION

1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services? Yes ☐ No ☐
   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? Yes ☐ No ☐
   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? Yes ☐ No ☐
   If **Yes**, indicate the year of discharge:
   Attach a copy of your DD214, if you were discharged within the last three (3) years.

4. Have you resided outside of Wisconsin in the last three (3) years? Yes ☐ No ☐
   If **Yes**, list each state and the dates you resided there.

5. If you are employed by or applying for the State of Wisconsin, have you resided outside of Wisconsin in the last seven (7) years? Yes ☐ No ☐
   If **Yes,** list each state and the dates you resided there.

6. Have you had a caregiver background check done within the last four (4) years? Yes ☐ No ☐
   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.

7. 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? Yes ☐ No ☐
   If **Yes**, list the review date and the review result. You may be asked to provide a copy of the review decision.

Read and initial the following statement.

I have completed and reviewed this form (F-82064, BID) and affirm that the information is true and correct as of today's date.

NAME – Person Completing This Form	Date Submitted

Brown County, Wisconsin
Electronic Taxpayer Identification Number (TIN) Verification

Substitute W-9
Rev. January 2021

LOGOs Vendor Acct #:

The Federal Tax Equity and Fiscal Responsibility Act require that we must prepare a form 1099 for every check recipient in any calendar year. In order to assist us in fulfilling the requirements, please complete this form and return it to the address below.

PRINT or TYPE (*complete instructions can be found on the reverse side of this form*)

Individual or Business Legal Name
As entered with IRS

Trade Name
If doing business as (D/B/A) or name of Sole Proprietorship

Primary Address
For return of 1099 Form

Remit to Address
Where checks should be sent (if different than address listed above)

Check Appropriate Boxes:

Are you engaged in providing a medical service?
☐ Yes ☐ No

Are you engaged in providing legal service?
☐ Yes ☐ No

Type of Entity/Business *(check only one):*
☐ C-Corporation
☐ S-Corporation
☐ Partnership
☐ Individual or Sole Proprietorship
☐ Single-Member LLC (one member/owner)
☐ Multi-Member LLC (two or more members/owners)

If Multi-Member LLC, indicate tax classification:
☐ Treated as a C-Corporation
☐ Treated as a S-Corporation
☐ Treated as a Partnership

☐ **Estate / Trust**

☐ **Organization Exempt from Tax**
Under section 501(a,c,d) or 403(b)(7) you must provide a copy of exempt form.

☐ **Government or Government Sponsored Entities**

Taxpayer Identification Number (TIN) *(provide only one; if Sole Proprietorship provide FEIN if applicable)*

Social Security Number (SSN):

OR

Federal Employer Identification Number (FEIN):

Certification
Under penalties of perjury, I certify that I have provided my correct taxpayer identification number and that I am not subject to backup withholding as specified on the reverse side of this form. The information provided in this Digital Signature form is true and correct to the best of my knowledge.

Signature:

Phone:

Title *(if applicable)*:

Date:

Return this form to the address or fax number below:

Brown County Health and Human Services
PO Box 22188
Green Bay, WI 54305-2188
Fax: (920) 448-4530