

Cedar Crest Volunteer Application

Our Mission:

Cedar Crest's mission is to enrich the quality of life for senior adults at all levels of independence, guided by a spiritually based, not-for-profit culture that fosters compassion and care.

Date _____ **Name** _____

Address _____ **Apt. #** _____

City _____ **State** _____ **Zip code** _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Which phone # is best to reach you during the day? **Circle One:** Home Work Cell

Email _____ Do you check email regularly? Yes _____ No _____

Emergency contact _____ **Relationship** _____

Phone _____

Current Status – Please circle one:

Student Seeking Employment Employed Retired Other: _____

For Students (those under age 15 must volunteer with a parent or guardian):

School, Age and Grade _____

Parent(s) or Guardian(s) Name(s): _____

Parent or Guardian Phone: Home _____ **Cell** _____

Current job or last work experience: _____

Please describe the work you do and/or did:

Have you ever volunteered before at Cedar Crest?

No _____ Yes _____, dates _____.

Are you currently employed at Cedar Crest or have you ever been employed by Cedar Crest?

No _____ Yes _____, dates of employment _____.

Do you have a family member who is/was employed by Cedar Crest?

No _____ Yes _____, dates of employment _____.

Do you currently or have you ever had a family member or close friend who lived at Cedar Crest?

No _____

Yes _____, name of family member or close friend _____.

Past volunteer experience:

Location: _____

Please describe the volunteer work you did:

Experience in working with older adults: Please provide specifics.

Why do you want to volunteer at Cedar Crest? _____

How did you learn about volunteering at Cedar Crest? Circle all that apply:

Friend School Cedar Crest Website Agency Referral (e.g. United Way)

Walk/Drive by Media: Newspaper, TV or Radio (where? _____)

Other _____

Do you have any special hobbies, interests, talents, skills or other languages you speak to offer as a volunteer?

Do you have health problems that would limit your volunteer activities? If yes, please explain: _____

How often do you want to volunteer? ____ Once a month ____ Twice per month
 ____ Once a week _____ Other

Volunteer Availability: (circle all that apply)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:00AM to Noon	9:00AM to Noon	9:00AM to Noon	9:00AM to Noon	9:00AM to Noon	9:00AM to Noon	9:00AM to Noon
1:00 to 5:00PM	1:00 to 5:00PM	1:00 to 5:00PM	1:00 to 5:00PM	1:00 to 5:00PM	1:00 to 5:00PM	1:00 to 5:00PM
6:00 to 8:00PM	6:00 to 8:00PM	6:00 to 8:00PM	6:00 to 8:00PM	6:00 to 8:00PM	6:00 to 8:00PM	6:00 to 8:00PM

What type of volunteering are you interested in? Circle all that apply:

Arts/Crafts	Hands-on assisting during craft groups.
Baking Groups	Assisting residents with tasks during baking groups.
Beauty Shop Escort	Bring residents by wheelchair to and from beauty shop.
Bingo	Assist residents who have difficulty playing independently, and providing invite/escort to bingo games.

Bowling and Balloon Volleyball	Set up pins or keep the balloon going and keep score.
Cards and Games	Facilitate euchre, bridge, or other card games or board games.
Chapel or Communion escort	Invite and escort residents to and from Chapel.
Exercises	Working with residents during organized exercise groups.
Hymn Sing	Bring residents by wheelchair to and from, and help residents find page for hymns.
Letter Writing	Write letters for residents to enable them to keep in touch with loved ones.
Mail Delivery	Deliver mail to residents.
Music	Assist with music programs by encouraging involvement & singing along with the residents. Also providing invite/escort to/from the music group.
Knitting/Crocheting	Need volunteer who knows how to knit and crochet to lead group and assist residents.
Nail Cares	File and paint residents' nails.
One to One Visits	Visit with residents, read to, or take them outside by wheelchair on nice days.
Outside Visits	Bring residents outside by wheelchair and visit with them on nice days.
Personal Shopping	Run errands for residents who are unable to do their own shopping.
Scrapbooking Club	Assist residents with scrapbooking projects.
Seamstress	Use sewing skills to repair residents' clothing, sew on buttons or hem clothing.
Special Events	Set up and assist with large holiday parties, and invite/escort residents to parties.
Special Outings	Meet Cedar Crest bus at locations around town for outings (such as shopping, picnics, gardens, etc.); push residents in wheelchairs and visit with them.

Please provide two non-family references: If applicable, please provide a previous volunteer coordinator you worked with as a reference.

Name _____ **Phone** _____ **Relationship** _____
Name _____ **Phone** _____ **Relationship** _____

Have you ever been convicted of a crime? No ___ Yes ___

If yes, please explain _____

****A background check is required for all employees and volunteers****

All of the above information is given freely and without reservation, and is true and correct to the best of my knowledge. I understand that falsification of this application is reason for rejection or closure and the placement of volunteers is at the discretion of Cedar Crest. I authorize agents of Cedar Crest to check the references I provided. I understand that Cedar Crest requires that I pass a police/background check for volunteer applicants and I grant my permission for such a check. I understand that I must meet with the Volunteer Coordinator for an interview and complete an orientation prior to beginning volunteer work. I understand that should I be offered a volunteer position, any misrepresentation by me may lead to termination. I also understand that either Cedar Crest or I can terminate my volunteer service, with or without cause and/or notice, at any time. If accepted, I will abide by the rules and regulations of Cedar Crest. I understand that completing the application process does not guarantee acceptance as a volunteer.

_____ **Signature of volunteer** _____ **Date** _____
_____ **Signature of Parent/guardian if under 18** _____ **Date** _____

Please refer any questions to the volunteer coordinator, Linda Lyke, at 608-373-6327.

*****FOR OFFICE USE ONLY*****

Volunteer Name _____

Background Check Passed on (Date) _____

Reference Check(s) – Name _____ **Date** _____

Comments by Reference Check _____

Date of Interview _____ **Date of Orientation** _____

Date of Wheelchair Training _____

Volunteer Interests _____

Hours/Days Interested In _____

Volunteer Positions Interested In _____

Assignment Placement(s):

Notes:

BACKGROUND INFORMATION DISCLOSURE

Completion of this form is required under the provisions of sections 48.685 and 50.065 of the Wisconsin Statutes. 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 attached instructions (HFS-64 A) 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 nonclient resident of a Bureau of Quality Assurance (BQA) regulated facility (1) print only your first, middle and last name; (2) complete Sections A and B; (3) sign the form; (4) complete the Appendix, HFS-69, in its entirety and (5) submit this form and the Appendix to the address noted in the Appendix Instructions.

Name - First and Middle		Name - Last		Position Title (Complete only if you are a prospective employe or contractor, or a current employe or contractor.)	
Any other names by which you have been known (including maiden name)			Birthdate	Gender (M / F)	Race
Address				Social Security Number(s)	
Business Name and Address of 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 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 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.		
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.		
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.		

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.		
6. Has any government or regulatory agency (other than the police) ever found that you <u>abused an elderly person</u> ? ➤ 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, attach a copy of your discharge papers (DD214) if you were discharged within the past 3 years. ➤ You may be asked to provide a copy of your DD214 if your discharge occurred more than 3 years ago.		
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 and Family Services, a county department, a private child placing agency, school board, or DHFS 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 or omitting information may result in a forfeiture of up to \$1,000.00 and other sanctions as provided in HFS 12.05 (4), Wis. Adm. Code.

YOUR SIGNATURE	Date Signed
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