



LEADERS IN HOSPICE AND PALLIATIVE CARE
A caring not-for-profit partnership of Bellin Health, St. Mary's and St. Vincent Hospitals

Volunteer Application

please print

Applicant legal name: _____
Last First Middle Date

Address: _____
Street City State Zip County

Phone numbers: _____
Home Cell Work

Email address: _____ **Cell Phone Provider:** _____

How do you prefer to be contacted? Home Phone Work Phone Cell Phone Email

Current or Former Occupation _____

Current or Former Employer _____

How did you hear about Unity? _____

Why do you want to volunteer for Unity? _____

Describe any personal experiences you have had with serious illness or loss. _____

Have you had a loved one on Unity's program? Yes No

Specialized training/education/skills/work experience: _____

Current/Previous Volunteer Experience: _____

Special Interests/Hobbies (music/art/cards, etc): _____

Are you able to make a one-year commitment to volunteering with Unity? Yes No

If no, what commitment are you able to make? _____

Generally, I am available to volunteer (check all that apply):

Mornings Afternoons Evenings Overnights Weekdays Weekends

Generally, what type of volunteering are you drawn to?

Patient/Family Care Fundraising Events Jack and Engrid Meng Hospice Residence
 Office Assistance Community Outreach Veteran to Veteran Program
 Phone Call Assistance Unity Resale Shoppe, LLC Creative Projects (sew, knit/crochet)

To become a Unity Volunteer, each individual must go through an orientation. Please indicate which days you are likely able to attend:

Weekdays Saturdays Special Notes: _____

Are you a year-round resident of Wisconsin? Yes No

If no, where do you reside outside of Wisconsin? _____

Emergency Contact Information

First Contact Name Phone Relationship

Second Contact Name Phone Relationship

References

Please do not include relatives

First Reference Name Phone Years Known

Second Reference Name Phone Years Known

Military History

Did you serve in the military? Yes No

If yes, in which branch of the military did you serve?

Air Force Coast Guard Merchant Marines during WWII
 Army Marines Navy
 Reservist or National Guard Member

If yes, in which war era or period of service did you serve?

Afghanistan/Iraq (OEF/OIF) Gulf War Peace Time WWI
 Cold War Korea Vietnam WWII
 Other _____

I hereby certify that the answers provided by me are true and correct to the best of my knowledge. I also understand that every applicant will be required to pass a background check and attend orientation prior to becoming an active volunteer.

Applicant Signature

2366 Oak Ridge Circle; De Pere, WI 54115 ♦ 920-338-1111 or 800-990-9249

Date

9/10/18

BACKGROUND INFORMATION DISCLOSURE (BID)

- **PENALTY: Knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000 and other sanctions as provided in Wis. Admin. Code § DHS 12.05(4).**
- Completion of this form is required under the provisions of Wis. Stat. § 50.065. 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 DQA form F-82064A, *BID Instructions*, 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.
- **PRINT OR TYPE YOUR ANSWERS.**

Check the box that applies to you.

- Employee / Contractor (including new applicant) Household member (lives on premises, but is not a client)
- Applicant for a license, certification or registration (including continuation or renewal) Other – Specify: **VOLUNTEER**

NOTE: If you are an owner, operator, board member or non-client resident of a facility regulated by the Division of Quality Assurance (DQA), complete the BID, F-82064 and the [Appendix F-82069](#), and submit both forms to the address noted in the Appendix Instructions.

Full Legal Name - First		Middle	Last	
Position Title (Complete only if a prospective or current employee or contractor.) VOLUNTEER		Birth Date (mm/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Any Other Names By Which You Have Been Known (Including Maiden Name)				
Race / Ethnicity (Check ONLY one) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown			Social Security Number -- NOT REQUIRED --	
Home Address		City	State	Zip Code
Business Name and Address – Employer or Care Provider (Entity) UNITY LIMITED PARTNERSHIP, LLC; 2366 Oak Ridge Circle; De Pere, WI 54115				

A "NO" answer to all questions does not guarantee employment, residency, a contract or regulatory approval.

SECTION A – ACTS, CRIMES AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION

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 charge, 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. **IMPORTANT: Read before completing item 3.**
Wis. Stat. § 48.981 Abused and neglected children and abused unborn children. (7)(a) CONFIDENTIALITY. "All reports made under this section, notices provided under sub. (3)(bm), and records maintained by an agency and other persons, officials, and institutions shall be confidential." Reports and records may be disclosed only to the persons identified in this section.
 If you are the employer or prospective employer of the person completing this form and are entitled to obtain this information per the above, check this box.
Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect?
If the above box has been checked, 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
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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. Yes No
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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. Yes No
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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. Yes No

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?
 If **Yes**, explain, including when and where it happened. Yes No
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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. Yes No
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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 three (3) years. Yes No
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4. Have you resided outside of Wisconsin in the last three (3) years?
 If **Yes**, list each state and the dates you resided there. Yes No
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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?
 If **Yes**, list each state and the dates you resided there. Yes No
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6. Have you had a caregiver background check done within the last four (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. Yes No
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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?
 If **Yes**, list the review date and the review result. You may be asked to provide a copy of the review decision. Yes No

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
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