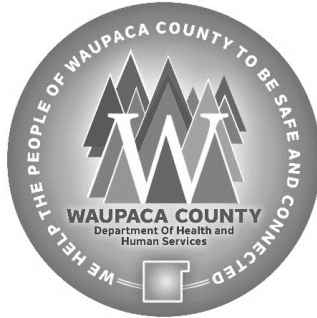


VOLUNTEER APPLICATION – ADULT

WAUPACA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES



INSTRUCTIONS:

1. Fill out this application in its entirety.
2. Return to: Waupaca County Department of Health and Human Services
Attn: Volunteer Coordinator
811 Harding Street
Waupaca, WI 54981
3. Questions? Call: (715) 258-6400

NOTICE:

The information you provide in the following application will be kept confidential. The information you provide will be used to complete a mandatory criminal background check through the Wisconsin Department of Justice. By signing the attached confidentiality statement along with your completed application, you are agreeing to uphold the confidentiality of Waupaca County Department of Health and Human Services clients.

Type of Volunteer Opportunity Preferred: *(please check all that apply)*

- Meal Delivery Driver/Helper:** assist in the safe and timely delivery of nutritious meals to seniors living in Waupaca County **includes lifting of delivery bags 20-30lbs*
- Senior Nutrition Site Aide:** assist a Nutrition Site Manager with the packaging of home delivered meals as well as serving the seniors eating at the dining site
- Health Promotion Class Leader:** Assist in the facilitation of health promotion classes. Become a trained leader in Stepping On, Living Well with Chronic Conditions or Healthy Living with Diabetes. **Formal, specialized training required and funded through Waupaca County DHHS.*
- Volunteer Driver:** Provide essential, non-emergency transportation for seniors and individuals with disabilities in Waupaca County. Drive as often or as little as you want. Mileage reimbursable.
- Court Appointed Legal Guardian:** Assist individuals with their personal affairs and decision making. Court determines the necessity for guardianship.
- Other Professional/Para Professional Activities:** Waupaca County DHHS has many office needs throughout our various programs. Provide your time and talents as we complete different office projects.
- Other Ideas: Please share them here!

*Thank you for your interest in joining us to make a difference in
the Waupaca County community!*

PART ONE: BASIC INFORMATION

Date:

Name:

FIRST

MIDDLE

LAST

Date of Birth: / /

Address:

STREET

CITY

STATE

ZIP

Previous Address (*within last five years*):

STREET

CITY

STATE

ZIP

Telephone: Home: () Work: () Cell: ()

E-mail Address:

Emergency Contact Name:

Relationship of Emergency Contact:

Emergency Contact Telephone:

Home: () Work: () Cell: ()

Availability Preferences:

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
A.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your time is valuable! How much time would you be interested in volunteering?

Weekly Bi-weekly

Hours per week:

Hours per month:

Are their physical conditions that should be taken into consideration in arranging a volunteer task for you?

Yes (Please explain):

No

PART TWO: TELL US ABOUT YOURSELF

Volunteer Experience:

Description of Tasks/Experience: *(please include dates if possible)*

Other Interests, Skills Hobbies:

Referral Source: How did you hear about the Waupaca County Volunteer Program?

- Newspaper
- Church/Civic Foundation
- Radio
- Other:
- Another Volunteer

Other Information About You:

Education Level: High School Diploma/GED College/University or Vocational School Degree(s):

Special Training/Talents: Yes No
If yes, please describe:

Are you currently employed? Yes No
Please mark appropriate box: Full-Time Part-Time Retired
Current Occupation: Employer:

References: Must be someone other than a relative who knows you personally

- 1. Name: Address: Phone:
- 2. Name: Address: Phone:
- 3. Name: Address: Phone:

Additional Information Required for Background Check:

Full Social Security Number: - -

Sex: Male Female

Marital Status: Married Unmarried

Race:

- Non-Minority (White, Non-Hispanic)
- American Indian/Native Alaskan
- Black/African American
- Asian
- White-Hispanic
- Other:

Have you ever been questioned, arrested for a crime and/or incarcerated? Yes No
If yes, please explain:

**BY SIGNING BELOW I INDICATE THAT I HAVE READ AND
AGREE TO COMPLY WITH THE FOLLOWING:**

**I UNDERSTAND THAT FALSIFICATION OF THIS APPLICATION IS REASON FOR
REJECTION OR CLOSURE.**

STATEMENT OF AGREEMENT:

I am interested in serving as a Waupaca County Volunteer. I am prepared to receive training necessary to perform my assigned duties. I will hold Waupaca County blameless if I incur injury incident to my duties as a volunteer. As a volunteer applicant, I understand Waupaca County Department of Health and Human Services requires a mandatory criminal background check for Volunteer positions. I grant my permission for such a check, I also give Waupaca County Department of Health and Human Services staff permission to contact listed references.

Note: Applicants approved to be a Volunteer Driver with the Transportation Program will be asked to allow for the copying of their valid Wisconsin driver's license as well as the copying of their current, valid insurance policy

Should my application to volunteer be approved, I understand that as a volunteer:

- I am subject to a code of ethics similar to that which binds the professionals in the field in which I volunteer. I, like them, assume certain responsibilities and expect to account for what I do in terms of what I am expected to do.
- I understand that by law I am obligated to protect the confidentiality of the individuals that I serve through the volunteer program and agree to be careful to respect and uphold the privacy rights of the individuals I serve.
- I will not seek information about clients unless it directly affects my performance of the services that I agree to perform for these volunteer programs.
- I agree and understand that the individuals I serve have the right to be treated with dignity and respect and the right not to be hurt or threatened.
- I understand the failure to comply with the provisions of this confidentiality statement may be cause for dismissal from any volunteer program.
- I further understand that if I have questions about this agreement that I will discuss it with the Waupaca County Volunteer Coordinator or my immediate supervisor of the designated volunteer program.
- I have received a copy of, read and understand my role in carrying out the Waupaca County Department of Health and Human Services Vision & Values.

I interpret "volunteer" to mean that I have agreed to perform duties without compensation in money, but having been accepted as a volunteer, I expect to perform duties according to the standards, as the paid staff members are expected to do their work. I promise to volunteer with a positive attitude and an open mind. In the event I am incapable of completing my volunteer duties as directed, I will notify the Waupaca County Volunteer Coordinator or my immediate supervisor of the designated volunteer program.

Signature:

Date:

By signing this document electronically, you are adhering to its contents.

Optional:

I agree to allow Waupaca County Department of Health and Human Services to use my image and/or likeness in Volunteer Program newsletter articles, Volunteer Program promotions or other Volunteer Program-related print material. Initial:

ADMINISTRATIVE USE ONLY:

Background Check Completed: By _____ (date) _____

Application Accepted

Application Denied

Entered into SAMs Wellsky: (date) _____ SAMs ID # _____

Entered into Schedules Plus: (date) _____

Volunteer Copy – DHHS Vision & Values
KEEP THIS FOR YOURSELF

Waupaca County Department of Health and Human Services

Vision

We help the people of Waupaca County to be safe and connected.

*We ensure people's safety by attending to their basic needs.
We engage and build people's natural support networks
in the helping process, because together we are stronger.*

Values

*The services and engagement we provide meet the standard of compassion
we would want for our own families.*

*We understand many of the needs experienced by our community are the result of
adversities people have experienced, and so we ask,
"What happened to you?" not "What's wrong with you?"*

*We believe people who hurt others are in pain and need help,
not punishment.*

*We meet the needs of those we serve in a way that is meaningful to each person, by
responding in a trauma-informed way.*