



FAITH
IN ACTION

Interfaith Volunteer Caregivers

of Clark County, Inc.

P.O. Box 222, Neillsville, WI 54456

Telephone: 715-743-2885

Email: judydonmorrow@hotmail.com

Today's Date: _____

2015 Volunteer Registration

Title _____ Name _____ Birth Date _____
(Mr./Ms./Mrs.) (First) (MI) (Last)

(Street) (City) (Zip Code)

Home Phone: ____ - ____ - _____ E-mail Address: _____

Employer: _____ Days & Hours at work: _____

May we call you at work? ___ Yes ___ No Work Phone: _____

Social Security Number _____ * Congregation/Faith Affiliation: _____

*Providing your social security number is voluntary, however, your social security number is one of the unique identifiers used to prevent incorrect matches while performing a criminal background check. It will not be used for any other purpose or shared with anyone else. All personal information will be held with other confidential information at the Interfaith Volunteer Caregivers Office.

Services I could provide to a care receiver are as marked below:

- | | |
|--|---|
| <input type="checkbox"/> Chores (minor repairs or yard work) | <input type="checkbox"/> Phone Calls (routinely for reassurance) |
| <input type="checkbox"/> Companionship (friendly visiting) | <input type="checkbox"/> Respite Care (2-4 hr. break for caregiver) |
| <input type="checkbox"/> Housekeeping (light cleaning/laundry) | <input type="checkbox"/> Shopping (errands with or for care receiver) |
| <input type="checkbox"/> Meal Preparation (occasional) | <input type="checkbox"/> Transportation (to or from local appointments) |
| <input type="checkbox"/> Assistance with Paperwork (letters, bills, etc) | <input type="checkbox"/> Snow Shoveling or Mowing Lawn |

Assistance I could provide the Interfaith Volunteer Caregivers office are as marked below:

- | | |
|---|---|
| <input type="checkbox"/> Help with fundraising | <input type="checkbox"/> Help with newsletter |
| <input type="checkbox"/> Work on large mailing projects | <input type="checkbox"/> Publicity/speaking |
| <input type="checkbox"/> Send notices to volunteers | <input type="checkbox"/> Send correspondence to care receivers |
| <input type="checkbox"/> Serve on the Interfaith Board of Directors | <input type="checkbox"/> Serve on one of Interfaith's Advisory Committees |

My expectation for volunteer service includes the following:

- | | | |
|---|----|--|
| <input type="checkbox"/> I can volunteer once a week | OR | <input type="checkbox"/> I can volunteer only once a month |
| <input type="checkbox"/> I prefer an ongoing assignment | OR | <input type="checkbox"/> I prefer a short-term assignment |

Screening Information:

Every applicant for an Interfaith assignment must have a Wisconsin State Criminal Background Check, a WI driver's license check completed and provide a personal reference that is not a family member.
Below please complete the contact information for your reference and answer questions 1-3.

Personal References: (please print clearly)

Name _____ Relationship to you: _____

(Street) (City) (State) (Zip Code)

1. Do you have criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local or military and tribal courts? ___ Yes ___ No

If yes, please explain: _____

2. Have you resided outside of Wisconsin in the last 3 years? ___ Yes ___ No

If yes, list each state and the dates you lived there: _____

3. Have you had a caregiver's background check done within the last 4 years? ___ Yes ___ No

If yes, list the date of each check and the name of the organization/facility/agency that conducted each check: _____

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 \$1000.00 and other sanctions as provided in HFS 12.05 (4), Wis. Adm Code.

I also understand the screening requirements mentioned above, and authorize the Interfaith Volunteer Caregivers of Clark County, Inc. to process the paperwork for the criminal background check and driver's license check and to contact my personal references.

(Applicant Signature)

(Date)

Once involved in the program, do you permit staff to identify your name and congregational affiliation in print as someone associated with the Interfaith Volunteer Caregivers of Clark County, Inc.?

___ Yes you may print my name and congregational affiliation.

___ No, do not print my name and congregational affiliation.

Confidentiality Agreement

- 1. I understand and agree that in the performance of my duties as a volunteer, I must maintain and safeguard the confidentiality of both care receiver information and information I obtain through my activities as a volunteer with the Interfaith Volunteer Caregivers of Clark County, Inc.
- 2. Confidential data and information include:
 - Data/information which identifies a care receiver or their family
 - The fact of a care receiver’s admission to or use of health care services and all information and records compiled, obtained or maintained by IVC staff or me in the course of providing services
 - The Interfaith Volunteer Caregivers of Clark County, Inc. policies, procedures, standards and published materials
- 3. I agree not to divulge, publish or otherwise make known to unauthorized persons or to the public any identifiable information, which is obtained in the course of my services as a volunteer. I understand the care receiver’s written authorization must be in a particular format, which is available through the Interfaith Volunteer Caregivers of Clark Count, Inc.
- 4. I understand that disclosure to IVC is beneficial to the person and is not prohibited.
- 5. I recognize that unauthorized release of confidential information may result in legal penalties including possible fines or lawsuits by the care receiver or the care receiver’s family. As a volunteer I understand that I may be terminated if I disclose confidential information without the care receiver’s written authorization.

Liability Coverage:

Negligence and general liability: I understand that I have coverage for my activities as a volunteer for the Interfaith Volunteer Caregivers of Clark County, Inc., as long as I am acting within the scope of the Interfaith Volunteer Caregivers volunteer program.

Bondability: I understand that I am not bonded and that I should not handle money or property for the care receiver or the care receiver’s family.

Auto Insurance: I understand that I must provide my own automobile insurance and that the coverage provided by UVC is excess auto insurance.

I understand and agree to the above policy, I am aware that breach of confidentiality will be grounds for dismissal.

_____/_____/_____
Signature of Volunteer / Witness / Date

For Office Use Only:

Orientation/Training Date: _____ Administered by: _____