

Cedar Crest Inc. Volunteer Application

Cedar Crest's volunteer program is mission driven. Our Cedar Crest 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 all that apply:

Student Seeking Employment Employed Retired Other: _____

Highest Level of Education Received: _____

Are you currently a student? Yes ____ No ____

If yes, what school? _____ What grade? _____

For Students under Age 18 (Note: High School age and older can volunteer independently. Age 10 through Middle School must volunteer with a parent or guardian. Younger than age 10 must have Volunteer Coordinator approval.):

What School, Grade and Age? _____

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

Parent or Guardian Phone: Home _____ Cell _____

Extracurricular Activities Involved In: _____

Current Employer (if applicable): _____ Position / Title: _____

Work Schedule _____

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/position _____.

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

No ____ Yes _____, dates of employment/position _____.

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 _____.

Volunteer experience:

Please describe current and past volunteer work (name of organization and duties):

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: Cedar Crest Website
Friend Agency Referral Walk/Drive by Volunteer Match.org Media: Newspaper, TV or Radio
Church School
Other _____

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

Do you have special needs that need to be considered or that would limit your volunteer activities?

If yes, please explain: _____

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

How long do you plan to stay with us? _____

Do you have required volunteer hours? _____ No _____ Yes (explain purpose/how many hours): _____

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:

Administrative Helper	Complete data entry and administrative duties for volunteer program.
Arts/Crafts	Hands-on assisting during craft groups.
Beauty Shop Escort	Bring residents by wheelchair to and from beauty shop.
Bingo	Assist residents and provide invite/escort to bingo games.
Chapel Escort	Invite and escort residents to and from Chapel.
Computer Lab	Help involve residents on the computer.
Euchre, Cribbage, 500, Bridge or Canasta	Need volunteer who knows how to lead and play Bridge, 500, Euchre, Cribbage or Canasta card games.
Games	Assist residents and provide invite/escort to board, card, dice or word games.
Garden Club	Assist residents in weeding and watering flowers in raised beds.

Hymn Sing	Bring residents by wheelchair to and from, and help residents find hymns.
Indoor Sports	Assist residents with indoor sports such as balloon volleyball and bowling.
Mail Delivery	Deliver mail to residents.
Memory Care Volunteer	Play games, toss a beach ball, sing or other activities with Memory Care residents.
Music	Provide invite/escort to music group and encourage resident involvement.
Music Therapist Helper	Assist music therapist in engaging residents in music activities
Knitting/Crocheting	Need volunteer who knows how to knit and/or crochet to assist residents.
Nail Cares	File and paint residents' nails.
One to One Visits	Visit with residents, read to, or take them for a walk.
Reading Stories	Read stories to residents and discuss.
Roving Cart	Take "topical" cart from room to room with items to discuss and activities for residents to do.
Special Events	Set up and assist with large 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.
Wheelchair Walks	Bring residents for a walk, inside or outside, depending on the weather.

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

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

Email _____

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

Email _____

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 provided. I understand that Cedar Crest requires passing of a police/background check for volunteer applicants and grant my permission for such a check. I must complete an interview and orientation by the Volunteer Coordinator prior to beginning volunteer work. 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.

Occasionally images may be taken of me and / or my child during Cedar Crest related activities. I give permission for use of these photos/audio/videos for promotional or training purposes for the benefit of the program and services without further notice to me and without compensation. For volunteers under age 18, no identifying information will be given unless parent / guardian approves. Images will not be sold. (If you do not approve photo/audio/video authorization, please request an alternative form.) I understand that these photographs are the sole property of Cedar Crest Inc.

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** _____

Volunteer Interests _____

Assignment Placement(s), Position, Hours/Days Interested In :

Notes:

Flu Vaccine? _____ **At CC or elsewhere (circle one)**

Birthday _____

BACKGROUND INFORMATION DISCLOSURE (BID)

Completion of this form is required under the provisions of Chapters 48.685 and 50.065, Wis. Stats. 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 instructions (F-82064A) on page 1 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 non client resident of a Division of Quality Assurance (DQA) facility, complete the BID, F-82064, and the Appendix, F-82069, and submit both forms to the address noted in the Appendix Instructions.

Name – (First and Middle)		Name – (Last)		Position Title (Complete only if you are a prospective employee or contractor, or a current employee or contractor.)	
Any Other Names By Which You Have Been Known (Including Maiden Name)				Birth Date	Gender (M / F)
Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White				Social Security Number(s)	
Home Address			City	State	Zip Code
Business Name and Address - 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 any 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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>

(continued on next page)

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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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 3 years.	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you resided outside of Wisconsin in the last 3 years? > If Yes, list each state and the dates you lived there.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
6. 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.	<input type="checkbox"/>	<input type="checkbox"/>

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 DHS 12.05 (4), Wis. Adm. Code.

PRINT NAME -- Required Individual	Date Submitted
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