

HEALTH AND HUMAN SERVICES VOLUNTEER APPLICATION

Aging and Disability Resource Center (ADRC)
(262) 548-7848

Health and Human Services (HHS) / Public Health
(262) 548-7284

Please Print

Personal

Name/Last _____ First _____ Middle _____

Address _____

City _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

____ Male ____ Female DOB ____/____/____ Email _____

Preferred method of contact: Phone Email

Volunteer position applying for _____

How did you hear about us? _____

Volunteer Experience

Agency _____ Address _____ Phone (____) _____

Position _____ Supervisor _____ May we contact agency? ____ Yes ____ No

Agency _____ Address _____ Phone (____) _____

Position _____ Supervisor _____ May we contact agency? ____ Yes ____ No

Employment History

Name of current employer _____ Phone (____) _____

Address _____ Dates employed – from _____ to _____

Name of supervisor _____ Job title _____

May we contact employer? ____ Yes ____ No Description of duties _____

Education/Background

Please list education, skills, interests, and hobbies: _____

References

Name _____ Relationship _____ Phone (____) _____

Address _____

Name _____ Relationship _____ Phone (____) _____

Address _____

In Case of Emergency, Please Notify

Name _____ Relationship _____ Day Phone (____) _____

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Waukesha County acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, or marital status.

Driving Information

If you are volunteering for a position that requires driving, Waukesha County policy requires a valid Wisconsin driver's license and proof of automobile insurance. Are you able to use your automobile if the volunteer position requires one?
____ Yes ____ No

As a volunteer, I agree to provide a valid Wisconsin driver's license number and proof of automobile insurance. I agree to mail or deliver copies of these documents to HHS so that they can be filed with this application.

Automobile insurance company _____ Policy number _____

Driver's license number _____

Waukesha County policy states 'acceptable driving records include those with no (0) Operating Under the Influence (OWI)/Driving Under the Influence (DUI) charges within the last three (3) years and a maximum of one (1) at-fault accident and up to two (2) moving violations in the past three (3) years.

EXCLUSIVE FOR AGING & DISABILITY RESOURCE CENTER

SENIOR DINING SITES - Volunteers must be 18 years of age. Aging & Disability Resource Center Volunteers age 14-17 are allowed, but must be accompanied by a parent or responsible adult at all times.

HOME DELIVERED MEAL DRIVERS – The ADRC does not encourage volunteers accompanied by minor children, but will not prohibit the practice if the child in the company of the volunteer is over the age of six. Volunteers accompanied by a child while performing volunteer work do so at their own risk and assume any liability for injury to the child.

Will you have someone riding with you in the car? ____ Yes ____ No If child, provide age _____

Criminal History

Have you ever been convicted of a misdemeanor or felony or are any misdemeanor or felony charges pending against you? If yes, please explain. (Note: Answering yes will not automatically prohibit individuals from becoming volunteers, but will be considered with respect to time, circumstances, seriousness and relationship to volunteer responsibilities.) _

Yes No _____

Acknowledgement of Confidentiality / Consent / Vehicle Use Agreement

Acknowledgement of Confidentiality: As a volunteer, I agree that matters pertaining to clients of HHS are confidential. I agree that I will not discuss or disclose any of client information with anyone outside of HHS at any time. I also understand that as a volunteer, I am considered to be a valuable member of the HHS workforce and will be required to participate in Initial and Annual HIPAA (Health Insurance Portability and Accountability Act) Awareness training.

Consent: My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer services being denied. Furthermore, my signature below provides my authorization to Waukesha County to conduct driver license, motor vehicle record, and criminal background checks, as needed, as well as reference checks to determine my suitability for placement. I hereby release all parties from any liability for furnishing this information.

Vehicle Use Agreement: If operating a personal vehicle for County business, I currently possess a valid Wisconsin driver's license or commercial driver's license and will immediately notify my volunteer supervisor if my driver's license is restricted, suspended, revoked, or expired. I will maintain automobile liability insurance coverage on the motor vehicle.

Signature of Volunteer _____ Date _____

Print name of Volunteer _____

Parent Consent

The following must be completed if applicant is under 18 years of age.

I give my consent for my child, named on page one of this application, to provide volunteer services to Waukesha County. I also give Waukesha County my consent to obtain any emergency medical treatment necessary for the safety of my child.

Signature of Parent/Guardian _____ Date _____

01/29/14

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