



Volunteer Guardian Services Application

Volunteer Guardian Services • 8600 Sheridan Road • Kenosha, WI 53143

Name _____
Last First Middle initial

Address _____

City _____ State _____ Zip _____

Phone (H) _____ Phone (W) _____ Phone (C) _____

Email _____

Date of birth _____ Social Security # _____

How long have you lived in Kenosha? _____ In Wisconsin? _____

List all other states in which you've lived

Have you ever served as a volunteer guardian? Yes No
If yes, when and where?

Position desired Guardian of Estate Guardian of Person Both Guardian of Estate and Person

If you selected Guardian of Estate, are you comfortable managing the financial affairs of a ward? Yes No

Why are you interested in the volunteer position you selected?

Do you have a preference for the gender of your ward? Male Female No preference

Are you aware that you must undergo a background/reference check? Yes No

Have you ever been found guilty of, or are you currently subject to any felony or misdemeanor criminal charges or investigations including ordinance violations other than minor traffic violations? Yes No

If yes, explain (list charge and date)

Note: In accordance with WI State law, pending charges or convictions will not be used or considered unless they are substantially related to the circumstance of the volunteer appointment.

Are you currently employed? Yes No If yes: Full time Part time

Primary occupation _____

Employment/volunteer history

<i>Company</i>	<i>Position held</i>	<i>From</i>	<i>To</i>
_____	_____	_____	_____

Phone _____ *Supervisor's name* _____

<i>Company</i>	<i>Position held</i>	<i>From</i>	<i>To</i>
_____	_____	_____	_____

Phone _____ *Supervisor's name* _____

<i>Company</i>	<i>Position held</i>	<i>From</i>	<i>To</i>
_____	_____	_____	_____

Phone _____ *Supervisor's name* _____

List three (3) references who could comment on your ability to do this volunteer activity

Name	Relationship to you	Phone
_____	_____	_____

Name	Relationship to you	Phone
_____	_____	_____

Name	Relationship to you	Phone
_____	_____	_____

Please list current or previous volunteer experiences

Do you speak a foreign language? Yes No If yes, which language(s)

Are you able to communicate using sign language: Yes No

Describe personal or professional experience you have had working with the elderly, disabled or at-risk individuals

Describe special interests, hobbies, skills and personal qualities that you believe will be helpful to you in serving as a volunteer guardian

Do you have any physical or mental health conditions that may limit your ability to serve as a volunteer guardian? If yes, please explain

Do you have a valid WI driver's license? Yes No License # _____

If no, do you have access to other reliable transportation? Yes No

Volunteers are asked/expected for a minimum one-year commitment to this volunteer position. Barring unexpected emergencies are you willing and able to commit to the full one-year term of the project? Yes No

How did you learn about the volunteer opportunity?

Emergency Contact

Name _____ Relationship _____

Phone _____ Alternate Phone _____

I, _____ understand that the information provided in this application is
Print Name true and accurate to the best of my knowledge.

I understand that the information provided in the application and the Background Information Disclosure will be used for the sole purpose of determining my suitability to serve as a volunteer guardian. I understand that the information provided will be used by Volunteer Guardian Services to perform a Department of Health and Family Services Caregiver Background Check as well as a check of the Wisconsin Circuit Court system as a part of the screening process for volunteer guardian participation. I grant my permission to Volunteer Guardian Services to perform these background checks and to contact my references. A copy of this application may be supplied to the Office of Probate if the court requests it; otherwise all information I provide will remain confidential.

Finally, I acknowledge and agree that I am not obligated by this application to perform as a volunteer guardian and that Volunteer Guardian Services reserves that right to decline a candidate for any reason the program believes in its own judgment is not in the best interest of prospective wards. All individuals will be considered regardless of race, color, religion, national origin, sex, or marital status.

Signature

Date

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 Guardian

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.)		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	
Home Address	City	State	Zip Code
Business Name and Address – Employer or Care Provider (Entity)			

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 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 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?

Yes ☐ No ☐

If the above box has been checked, provide an explanation below, including when and where the incident(s) occurred.

4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?

Yes ☐ No ☐

If Yes, explain, including when and where it happened.

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?

Yes ☐ No ☐

If Yes, explain, including when and where it happened.

6. Has any government or regulatory agency (other than the police) ever found that you abused an elderly person?

Yes ☐ No ☐

If Yes, explain, including when and where it happened.

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?

Yes ☐ No ☐

If Yes, explain, including credential name, limitations or restrictions, and time period.

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?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, explain, including when and where it happened.

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?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, explain, including when and where it happened and the reason.

3. Have you been discharged from a branch of the US Armed Forces, including any reserve component?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, indicate the year of discharge: _____

Attach a copy of your DD214, if you were discharged within the last three (3) years.

4. Have you resided outside of Wisconsin in the last three (3) years?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, list each state and the dates you resided there.

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?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, list each state and the dates you resided there.

6. Have you had a caregiver background check done within the last four (4) years?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

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.

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?

Yes

No

☐☐

If **Yes**, list the review date and the review result. You may be asked to provide a copy of the review decision.

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

Signed electronically



Confidentiality Statement and Agreement to Participate

Volunteer Guardian Services wishes to thank you for your interest in and commitment to serve as a volunteer guardian. We believe that having a personal guardian will greatly enhance and protect the lives of the ward. The ward you are about to become a guardian for, the court, and Volunteer Guardian Services have entrusted you with important information and responsibilities.

In accordance with this signed agreement to serve, you, as a volunteer guardian will perform your duties for consumers of the Kenosha County Division of Aging and Disability Services and Goodwill Industries - Volunteer Guardian Services. In service to our consumers, we are required to maintain their confidentiality including but not limited to verbal and written communications, case files and documentation, electronic databases, and reports. This fosters respect and trust. As a volunteer representing the above agencies you will be held to the same standards of confidentiality both while you are a volunteer guardian as well as after your guardianship ends. Any violation of confidentiality seriously injures the agency's reputation and effectiveness and could lead the agency to refuse to allow you to volunteer for the agency in the future.

I, _____, understand that the nature of the services I will provide as a volunteer guardian are private and personal to the ward.

_____ I agree to exercise utmost care in handling the ward's personal, medical, and financial information, keeping everything confidential.

_____ I agree to exercise good judgment and to use the same care and discretion when making decisions in the best interest of the ward as I do in making decisions with my own affairs.

_____ I agree to maintain direct personal contact with the ward on a regular and frequent basis, not less than once a month.

_____ I agree to attend annual trainings.

_____ I agree to seek assistance from the Volunteer Guardian Recruitment Specialist (VGRS) and/or any number of resources supplied to me when I have questions, concerns, or am in need of additional training.

_____ I agree to commit to one year as volunteer guardian of this ward. I will keep with this commitment and break it only if I experience unforeseen circumstances.

_____ I agree to contact Volunteer Guardian Services immediately if I am experiencing something that prevents me from the continuation of my guardianship duties.

_____ I understand that my responsibility as a guardian continues until court documents are filed to terminate my appointment and a successor guardian has been appointed.

_____ Finally, I ensure that there are no conflicts of interest involved with this guardianship. If I become aware of a previously unknown conflict or circumstances change that create a conflict of interest, I will immediately inform the VGRS to rectify the conflict or terminate the guardianship.

Volunteer guardian _____ Date _____

VGS _____ Date _____