

**ROCK VALLEY COMMUNITY PROGRAMS, INC.  
VOLUNTEER/INTERN APPLICATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ (please attach a copy of DL)

**Education:**

High School: \_\_\_\_\_

College: \_\_\_\_\_ Major: \_\_\_\_\_

Special Trainings: \_\_\_\_\_

**In case of Emergency:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

11. Volunteers/Interns shall remain fully alert and attentive during duty hours;
12. Volunteers/interns shall not engage in any conduct that is criminal in nature or which would bring discredit upon RVCP, Inc. and contract/affiliated contract agencies;
13. Volunteers/interns are to conduct themselves in a manner that is above reproach. Volunteers/interns are to obey not only the letter of the law, but also the spirit of the law while engaged in personal or official activities. Volunteers/interns charged with, arrested for, or convicted of any felony or misdemeanor, are required to immediately inform and provide a written report to their Supervisor. The Supervisor shall immediately report the incident to the Director of the Program. In cases involving federal clients, the information will be immediately reported to the Contract Officer Technical Representative. Traffic violations resulting in fines less than \$150.00 are exempt from reporting requirements;
14. Volunteers/interns are prohibited from using brutality, physical violence, or intimidation toward residents, or use any unauthorized or inappropriate force;
15. Volunteers/interns are prohibited from engaging in inappropriate/subordinate relationships, to include, but not limited to, emotional, sexual, physical, or financial;
16. Volunteers/interns are prohibited from possessing lethal weapons, or weapons which may inflict personal injury, to include pepper spray or other self-defense type chemical agents, in the facility or while on duty. Volunteers/ interns are prohibited from storing lethal weapons, or weapons which inflict personal injury, to include pepper spray or other self-defense type chemical agents, in vehicles under their control parked on, or adjacent to, this facility, Residents shall not possess or use any of these items at any time;

*I have read and understand that as a volunteer/intern of Rock Valley Community Programs, Inc. I am expected to adhere to the standard of conduct covered by the Volunteer/Intern Standards of Conduct listed on the front and back of this page. Furthermore, I agree to cooperate fully by providing all pertinent information, which I may have, to any investigative authority. I understand that full cooperation means and requires truthfully responding to all questions and providing a signed affidavit, if requested.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Rock Valley Community Programs, Inc.**  
**Pledge of Confidentiality**

*I certify by my signature that I will not give information about my agency procedures, staff and residents/clients to unauthorized persons and understand that doing so would be a serious violation of agency policy subject to disciplinary action, up to, and including, termination.*

\_\_\_\_\_  
Volunteer/Intern signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Community Development Director

\_\_\_\_\_  
Date



**STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE**

DJ-LE-250 (Rev. 7/09)

**DIVISION OF LAW ENFORCEMENT SERVICES**  
Crime Information Bureau  
Record Check Unit

PO Box 2688  
Madison, WI 53701-2688  
608/266-5764

**WISCONSIN CRIMINAL HISTORY  
SINGLE NAME RECORD REQUEST**

**A self-addressed, postage-paid envelope must accompany every inquiry. Ensure sufficient postage is included. See reverse side for additional instructions and information. Please print legibly or type.**

**Requestor Type – Check Only One**

- Government Agency \$12.00\*
- General Public \$18.00\*
- Nonprofit Org. \$12.00\*
- Public Defender (Fee Exempt)  
SPD # \_\_\_\_\_
- Police Certificate \$20.00  
(Must include fingerprint card)

**Request Purpose - Check Only One**

- General Information
- Public Housing
- Caregiver – General (\*Add \$3 DHS fee)
- Child Day Care - Caregiver (\*Add \$3 DHS fee)  
Provide either Facility # \_\_\_\_\_  
or Certifying Agency # \_\_\_\_\_

**Payment Type – Check Only One**

- Bill Account Number  
# \_\_\_\_\_  
(not available for police certificate)
- Amount Enclosed  
\$ \_\_\_\_\_

**Search for a Record on: (Please type or print legibly)**

\* Name : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (Middle)

\* Sex: \_\_\_\_\_ \* Race: \_\_\_\_\_ \* Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(MM) (DD) (YYYY)

Other Identifying Data (Social Security Number, Maiden Name(s), Additional Names, etc.)

**\* Required Data**

**Return request to: (Include a self-addressed, postage-paid envelope)**

Name: \_\_\_\_\_ Attn: \_\_\_\_\_  
Street: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, \_\_\_\_\_ FAX: \_\_\_\_\_  
Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

**FOR CIB USE ONLY**

**Special Processing Instructions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BACKGROUND INFORMATION DISCLOSURE (BID)**

For instructions, see F-82064A.

Completion of this form is required under the provisions of Chapters 48.685 and 50.066, 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 OR TYPE 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)
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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

Prior Residence for Past Seven Years

1 – Address		2 – Address	
From	To	From	To
3 – Address		4 – Address	
From	To	From	To

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 judgment 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 <sup>th</sup> 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"/>

Last Name -

<p>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.)                  &gt; If Yes, explain, including when and where it happened.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?                  &gt; If Yes, explain, including when and where it happened.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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?                  &gt; If Yes, explain, including when and where it happened.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. Has any government or regulatory agency (other than the police) ever found that you abused an elderly person?                  &gt; If Yes, explain, including when and where it happened.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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?                  &gt; If Yes, explain, including credential name, limitations or restrictions, and time period.</p>	<input type="checkbox"/>	<input type="checkbox"/>

<b>SECTION B - OTHER REQUIRED INFORMATION</b>	<b>YES</b>	<b>NO</b>
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<p>1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services?                  &gt; If Yes, explain, including when and where it happened.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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?                  &gt; If Yes, explain, including when and where it happened and the reason.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Have you been discharged from a branch of the US Armed Forces, including any reserve component?                  &gt; If yes, indicate the year of discharge: _____                  &gt; Attach a copy of your DD214 if you were discharged within the last 3 years.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Have you resided outside of Wisconsin in the last 3 years?                  &gt; If Yes, list each state and the dates you lived there.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. Have you had a caregiver background check done within the last 4 years?                  &gt; 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.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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?                  &gt; If Yes, list the review date and the review result. You may be asked to provide a copy of the review decision.</p>	<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.

SIGNATURE	Date Signed
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