



Aging & Disability Resource Center
Baraboo Office

Brianna Wipperfurth, Program Coordinator
brianna.wipperfurth@saukcountywi.gov
505 Broadway St, Baraboo WI 53913
(608) 355-3289 * FAX (608) 355-4375

We have received an overwhelming response in our search for volunteers during the COVID-19 outbreak and appreciate your interest in volunteering with the ADRC of Sauk County! We would love to have you as an ADRC volunteer. Please find enclosed the ADRC Volunteer Application, the background check form, and the Volunteer Contract. If you are interested in Home Delivered Meals Driving or Volunteer Escort Driving and would like to be reimbursed for your mileage, please fill out the W9. Once you have filled these out you can return them to me in the enclosed envelope. Also, if you will be using your vehicle for volunteering, please send a copy of your current Auto Insurance information and a copy of your driver's license. Please answer the following questions so we can help expedite our approval and placement process.

Have you traveled outside the state of Wisconsin in the last 14 days? If yes, where?

Are you currently a teacher? If yes, which school district do you work for?

Which community are you looking to volunteer in?

Are you interested in volunteering long-term or short-term?

Thank you for considering this volunteer opportunity with the ADRC. I am very excited to talk with you in the future and hopefully have you join our volunteer team.

Sincerely,

Brianna Wipperfurth, Volunteer Program Coordinator

ADRC–Baraboo Office

505 Broadway Street, Baraboo, WI 53913

Confidential Volunteer Application



Brianna Wipperfurth
Program Coordinator
Aging & Disability Resource
Center of Sauk County

505 Broadway Street, Baraboo, WI 53913
608-355-3289 | 800-482-3710
brianna.wipperfurth@saukcountywi.gov

Our Mission:

"To empower and support older adults, adults with disabilities, and their families by providing easily accessible quality information and assistance. The Aging and Disability Resource Center will provide services, resources, and opportunities to support each individual's choices for independence and enhanced quality of life."

Name: _____

Address: _____

Phone: Home _____ Work _____ Cell _____

E-mail: _____

Preferred Method of Contact:

Mail Home Phone Cell Phone Work Phone E-mail

How did you learn about the Aging & Disability Resource Center (ADRC)?

Why do you want to volunteer? _____

Previous Volunteer Experience _____

Occupation (Current/Former) _____

Name of Employer _____ Phone Number _____

Other information that will help us make a good match (interests, hobbies, skills, training):

What days and times are you typically available for volunteer work? _____

Emergency Contact:

Name _____ Daytime Phone _____

Relationship to you _____

Check all the areas of volunteering you are interested in:

- Volunteer Escort Driver: Provides transportation to Sauk County residents that age 60 or older, and/or disabled, who are unable to drive, do not have family or friends available to drive them, or have no means or transportation to medical appointments and other trips of necessity.
- Dining Center Helper: Assist setting up the dining room, serving the meals, cleaning up, etc. at your local dining center, as well as helping package meals for home delivery.
- Home Delivered Meal Driver: Pick up meals at the local dining center and deliver meals to home bound adults in your community who are 60 or older and/or disabled.
- Substitute Home Delivered Meal Driver: Filling in occasionally when a Home Delivered Meal Driver is not able to deliver their route. We would contact you to see if you are available as soon as we know a substitute is needed.
- Clerical Support: Assist with a variety of office duties to aid the ADRC in providing information. Provide telephone coverage when ADRC staff is unavailable to do so.
- Other: Do you have a talent or skill not listed and feel it would be an opportunity to help others? Tell us about it! _____

Please list three people (non-family members) we may call, who would be willing to provide a character reference for you. Please have one of the references be a professional reference for you.

- 1) Name _____ Phone _____
Address _____ Relationship to you _____
- 2) Name _____ Phone _____
Address _____ Relationship to you _____
- 3) Name _____ Phone _____
Address _____ Relationship to you _____



Please list any health concerns: _____

Please list any allergies: _____

Do you take any medications that could affect your volunteer/driving ability?

Yes No

Driver's License # _____ Expiration Date _____

Driving Restrictions _____

Make/Year of Vehicle _____ 2 Door/4 Door/ Van/ SUV

Vehicle Insurance Company _____

- I understand that "the insurance goes with the vehicle" and the operation of my personal vehicle for county related business is covered by personal insurance. (The County's insurance would only provide excess coverage above my personal insurance limits.)

- My automobile liability insurance coverage meets or exceeds those listed below per the Sauk County Safety Manual.

- \$100,000 per person, and
- \$300,000 per accident-bodily injury, and
- \$50,000 per accident-property damage, or a
- \$300,000 Combined Single Accident Limit

- I will not knowingly operate a vehicle that is unsafe to operate for any reason.

It is our policy and responsibility to have criminal background and driving record checks conducted on all potential and current ADRC Volunteers. Follow-up background checks will be completed every four years and driving record checks will be completed annually. *This information will be held in strict confidence. It will not be shared with any other entity or used for any other purpose.* Please supply the following information:

Full Legal Name (First/Middle/Last) _____

Date of Birth _____

Other states you have lived in the past five years _____

Applicant Signature

Date

NOTE: If you will be using your car when volunteering, the ADRC will also need a copy of your auto insurance and a yearly auto inspection will need to be completed.



Thank you for your interest in volunteering with the ADRC of Sauk County!





Sauk County Aging & Disability Resource Center
505 Broadway Street
Baraboo, WI 53583
608-355-3289 or 800-482-3710
Please contact Brianna Wipperfurth
with any questions or concerns

Volunteer Contract

As a volunteer at the Aging & Disability Resource Center (ADRC), I agree to the following:

I will treat ALL volunteers, staff, and clients with dignity and respect without regard for race, culture, ethnicity, religion, sexual orientation, disability, gender, or age

I will maintain the confidentiality of all client information and donation information, as well as all other information deemed confidential by the ADRC

I will use dignity and caution when acting as a representative of the ADRC

I will present myself in a positive manner, both through my physical appearance and my actions

I will attend orientation and training sessions as required

I will be prompt and reliable in reporting to work, keep an accurate record of my volunteer time, and will notify my direct manager (dining center manager or transportation coordinator) if I am unable to be there. If I am not able to reach them in a timely manner, I will contact the Volunteer Coordinator

I understand that if I volunteer in the dining center I am eligible to receive a meal on those days I volunteer to work in the dining center, and that I am able to make a donation toward that meal

I will communicate with the Volunteer Coordinator when I encounter a difficult situation, fellow volunteer, or dining center guest

I will maintain a positive attitude while I am volunteering, and will not contribute to or encourage negative comments, attitudes, or behaviors

Volunteer

Date

Program Coordinator

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.
- Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.
- Refer to DQA form F-82064A, *BID Instructions*, for additional information.

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: _____

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 – <i>First</i>		<i>Middle</i>	<i>Last</i>	
Position Title (Complete only if a prospective or current employee or contractor.)			Birth Date (<i>MM/dd/yyyy</i>)	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.

Note: The areas below that are designated for responses are expandable.

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?
If the above box has been checked, provide an explanation below, including when and where the incident(s) occurred.
- Yes No

- 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

 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

 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

 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

 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

 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

 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
------------------------------------	----------------

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.)	
	Requester's name and address (optional)	
	6 City, state, and ZIP code	
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
or									
Employer identification number									

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.