Volunteer Driver Application
Center for Independent Living for Western Wisconsin, Inc.
2920 Schneider Ave. E., Menomonie, WI 54751

New Freedom Volunteer Driver Program

Name: ___________________________________________   Date: ______________
   (First, Middle, Last)
Gender: M  F                      Email: _________________________________________
Home Phone: _______________  Work: ______________  Cell: ______________
Address: ________________________________________________________________
Mailing Address: ___________________________________________________________
City:___________________________  State:___________________________
Zip: ________________  County you reside in:__________________________
Date of Birth: ____________       Maiden/Other Names: __________________________
Driver's License #:  __________________________   Expiration Date:  _____________
License Plate #:  ______________________      Expiration Date:  __________________
Vehicle Insurance Company Name __________________________________________
Policy #_______________________   Expiration Date__________________________
I drive a:    car _____   van _____   truck _____   SUV _____   modified vehicle _____
Vehicle Make_______________  Model______________  Year______  Color_________
Referred By: _________________________________________________
List any experience you have had working with persons with disabilities or elderly:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Revised 5/28/2019

OFFICE USE ONLY:   Background date & initials:______________________________
LIST TIMES YOU ARE AVAILABLE TO DRIVE:
Monday ____________________ Friday ____________________
Tuesday ____________________ Saturday ____________________
Wednesday ____________________ Sunday ____________________
Thursday ____________________

Check (X) the type of driving you will do: Local only ________ County Area ________
Region ________ Occasional long trip (i.e. St. Paul, Marshfield) ________

Check (X) your special needs requests.
_____ I am able to transport service animals
_____ I am able to lift walkers and portable wheel chairs (not required)
_____ I am able to greet riders at their door
_____ Other (list)_________________________________________________________________

Please circle other counties you would be willing to transport riders to:

I may be available to drive for other programs - Circle One: Yes or No
If you answered yes, can we share this application with other volunteer driver programs? Circle One: Yes or No

List two people to contact in case of an emergency:
Name: ___________________________ Relationship: ________________
Phone: __________________________________

Name: ___________________________ Relationship: ________________
Phone: __________________________________

I authorize CILWW to conduct a check on my driving record and a criminal background check for the purpose of approval as a volunteer driver.

Signature__________________________ Date___________________

Return to
Center for Independent Living for Western Wisconsin, Inc.
2920 Schneider Ave. E.
Menomonie, WI 54751
For questions call 1-800-228-3287 or 233-1070
Volunteer Driver Agreement
New Freedom Volunteer Driver Program

I will be respectful and courteous with my riders.

I will not smoke while my rider is in my vehicle.

I will exercise caution and prudence when performing my duties.

I will be prompt and reliable in reporting for scheduled work.

I will protect the confidentiality of all information relating to the person I transport.

I will use the Disabled Vehicle Parking Permit for riders only.

I will become thoroughly familiar with the transportation policies and procedures, both written and verbal, as set forth by the program.

I will attend orientation and training sessions as scheduled.

I will notify the Transportation Specialist if I am unable to work as scheduled as soon as possible.

I will notify the Transportation Specialist of any changes in my residence, phone, car insurance, schedule, health status or any new responsibilities affecting my ability to maintain my position.

I will maintain accurate records and submit them to the Transportation Specialist by the end of each month.

If I decide to resign, I will give the Transportation Coordinator as much notice as possible, and return disabled parking sign, policy manual, and any other materials belonging to CILWW within 15 days.

Volunteer Driver Name (printed): ____________________________________________

Volunteer Driver Signature: ________________________________________________

Date: _____________________________________________________________________
BACKGROUND CHECK INFORMATION AND RELEASE

Wisconsin Statutes require employers of individuals involved in the home or personal care of others to conduct extensive caregiver criminal background checks of those considered for employment and/or volunteering, as required by the Wisconsin Caregiver’s Law. Please complete the information requested below and sign the form to enable us to comply with these laws.

Conviction of a crime does not automatically disqualify you from employment volunteering.

_____ Caregiver     _____ General

Name: ____________________________________________________ Sex: M  F  (circle one)
(you must also list any aliases used)
Social Security Number: ___________ Date Of Birth: _________________

Alias’s: __________________________________________________________________

Please list all the cities and states in which you have lived in the past three (3) years and the name by which you were known if different from your name now.

1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________
4. ________________________________________________________________
5. ___________________________ _________________________________
6. ________________________________________________________________

ACT 172 – Acknowledgement Statement:
The CILWW is required by the Wisconsin Department of Health Services 2007 Wisconsin Act 172 which amended s. 50.065 of the Statutes, to disclose certain information from caregiver background checks to consumers.

By my signature, I understand that by law, The CILWW can release certain conviction information to consumers as required by Wisconsin Act 172. I authorize release of the information to any and all consumers for whom I may potentially provide personal care services. By refusing you will no longer be eligible for employment and/or volunteering.

Employee or Volunteer Signature __________________________ Date _____________
(office only: CV-civil, SC-Small Claims, TR-Traffic, PR-Probate)

HFS 12.115 Personal care services, disclosure of convictions. Pursuant to s. 50.065 (2m) (d) Stats., Table HFS 12.115 lists the crimes for which an entity must disclose under s. 50.065 (2m) (a) 1, Stats., a conviction of a caregiver who provides personal care services to a client or the client’s guardian.
<table>
<thead>
<tr>
<th>Wisconsin Statutes</th>
<th>Crime</th>
</tr>
</thead>
<tbody>
<tr>
<td>940.19 (3), 1999 Stats</td>
<td>Battery</td>
</tr>
<tr>
<td>940.01</td>
<td>First-degree intentional homicide</td>
</tr>
<tr>
<td>940.02</td>
<td>First-degree reckless homicide</td>
</tr>
<tr>
<td>940.03</td>
<td>Felony murder</td>
</tr>
<tr>
<td>940.05</td>
<td>Second-degree intentional homicide</td>
</tr>
<tr>
<td>940.12</td>
<td>Assisting suicide</td>
</tr>
<tr>
<td>940.19 (2), (4), (5) or (6)</td>
<td>Battery (felony)</td>
</tr>
<tr>
<td>940.22 (2) or (3)</td>
<td>Sexual exploitation by therapist; duty to report</td>
</tr>
<tr>
<td>940.225 (1), (2) or (3)</td>
<td>1st, 2nd, 3rd degree sexual assault</td>
</tr>
<tr>
<td>940.285 (2)</td>
<td>Abuse of individuals at risk</td>
</tr>
<tr>
<td>940.29</td>
<td>Abuse of residents of penal facilities</td>
</tr>
<tr>
<td>940.295</td>
<td>Abuse or neglect of patients and residents</td>
</tr>
<tr>
<td>943.20</td>
<td>Theft</td>
</tr>
<tr>
<td>943.201</td>
<td>Unauthorized use of an individual’s personal identifying information or documents</td>
</tr>
<tr>
<td>943.203</td>
<td>Unauthorized use of an entity’s identifying information or documents</td>
</tr>
<tr>
<td>943.32</td>
<td>Robbery</td>
</tr>
<tr>
<td>943.38</td>
<td>Forgery</td>
</tr>
<tr>
<td>943.41</td>
<td>Financial transaction card crimes</td>
</tr>
<tr>
<td>948.02 (1) or (2)</td>
<td>1st or 2nd degree sexual assault of a child</td>
</tr>
<tr>
<td>948.025</td>
<td>Physical abuse of a child</td>
</tr>
<tr>
<td>948.03 (2)(a), (b) or (c)</td>
<td>Sexual exploitation of a child</td>
</tr>
<tr>
<td>948.05</td>
<td>Trafficking of a child</td>
</tr>
<tr>
<td>948.051</td>
<td>Causing a child to view or listen to sexual activity</td>
</tr>
<tr>
<td>948.055</td>
<td>Incest with a child</td>
</tr>
<tr>
<td>948.06</td>
<td>Child enticement</td>
</tr>
<tr>
<td>948.07</td>
<td>Soliciting a child for prostitution</td>
</tr>
<tr>
<td>948.08</td>
<td>Sexual assault of a child placed in substitute care</td>
</tr>
<tr>
<td>948.085</td>
<td>Exposing a child to harmful material or harmful descriptions or narrations</td>
</tr>
<tr>
<td>948.11 (2)(a) or (am)</td>
<td>Possession of child pornography</td>
</tr>
<tr>
<td>948.12</td>
<td>Child sex offender working with children</td>
</tr>
<tr>
<td>948.13</td>
<td>Neglecting a child</td>
</tr>
<tr>
<td>948.21 (1)</td>
<td>Abduction of another’s child; constructive custody</td>
</tr>
<tr>
<td>948.3</td>
<td>Child unattended in child care vehicle</td>
</tr>
<tr>
<td>948.53</td>
<td>Manufacture, distribution or delivery of a controlled substance or a controlled substance analog</td>
</tr>
<tr>
<td>961.41 (1)</td>
<td>Possession with intent to manufacture, distribute or deliver a controlled substance or a controlled substance analog</td>
</tr>
<tr>
<td>961.41 (1m)</td>
<td>Possession or attempt to possess a controlled substance or a controlled substance analog</td>
</tr>
<tr>
<td>961.43 (1)(a)</td>
<td>Acquire or obtain possession of a controlled substance by misrepresentation, fraud, forgery, deception or subterfuge</td>
</tr>
<tr>
<td>961.43 (1)(b)</td>
<td>To make, distribute or possess material designed to reproduce the trademark upon any drug or container or label so as to make a counterfeit substance or to duplicate the physical appearance, form, package or label of a controlled substance</td>
</tr>
</tbody>
</table>

A violation of the law of any other state or United States Jurisdiction that would be violate of a crime listed in this table

Table HFS 12.115