



Catholic Charities Volunteer Application

Please complete the following application and return to Catholic Charities, Attn: Jessica Brandt, 3501 S. Lake Drive, Milwaukee, WI 53207, email to jbrandt@ccmke.org or fax to 866-290-4666. Please call 414-769-3414 with any questions. Feel free to attach a resume if you would like to share your specific skills and experience.

Date: _____

Personal Information

First Name: _____ MI: _____

Last Name: _____

Current Address: _____ Apt: _____

City _____ Zip _____

Day Phone (_____) _____ Ok to call

Evening Phone (_____) _____ Ok to call

Email Address _____ Birthday (month/day): _____

How did you hear about Catholic Charities volunteer opportunities? _____

Interests, Skills, and Availability

Are you currently enrolled in school? Yes No School: _____

Are you currently employed? Yes No Employer: _____

Please list any parishes, churches, community affiliations, or organizations you currently belong to: _____

Please describe the type of volunteer work you are interested in doing:

Why do you want to volunteer with Catholic Charities?

Are you looking for a volunteer assignment that is: ongoing or occasional

How long are you able to commit to? 0-3 months 3-6 months 6+ months other: _____

How frequently would you like to volunteer? 1-2 times/week 1-2 times/month other: _____

Please list the days/ times which you are available to volunteer. Please write-in the corresponding time span.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

Emergency Contact Information

First and Last Name: _____

Relationship: _____

Phone Number: (_____) _____ Alt. phone number: (_____) _____

Personal References

Please list three references that are not related to you that we may contact.

1. Name: _____ Years Known: _____

Telephone #: (_____) _____ Relationship: _____

2. Name: _____ Years Known: _____

Telephone #: (_____) _____ Relationship: _____

3. Name: _____ Years Known: _____

Telephone #: (_____) _____ Relationship: _____

Criminal Background Information

(Answering yes does not automatically prohibit services. Each case as well as actions taken will be on a case by case basis)

Have you ever been convicted of a crime? Yes No

If yes, please explain:

Affirmation and Release

I certify that the information on this application is correct and may be investigated. I understand that if in the judgment of Catholic Charities, any information has been misrepresented, falsified or omitted, any offer of volunteer assignment may be withdrawn or any volunteer activities terminated without obligation or liability on the part of the agency. I understand that an investigation may be made of my employment, volunteer, and personal history to arrive at a decision about my volunteer status. I hereby release from all liability or responsibility, all persons, companies, schools, agencies furnishing such information. I understand that questions in regards to volunteer work, employment, ability, character, medical and emotional background and, if applicable, driving history will be used in the evaluation of my qualifications for any position for which I am considered.

Signature of Applicant

Date

Legal Guardian's Signature (If applicant is under the age of 18)

Date

BACKGROUND INFORMATION DISCLOSURE (BID)

Completion of this form is required under the provisions of Wis. Stat. § 48.685 and Wis. Admin. Code § DCF 12.03. Pursuant to Wis. Stat. § 48.685, this form must be completed prior to licensure, certification, employment or non-client residency and is only valid for 120 days. Failure to comply may result in a denial or revocation of your license or certification; denial or termination of your employment or contract; or denial or revocation of the license or certification for a child care center location at which you reside.

Providing your social security number (SSN) is voluntary; not providing it could result in an information processing delay. Personal information you provide may be used for secondary purposes [Privacy Law, Wis. Stat. §15.04(1)(m)].

PLEASE PRINT OR TYPE YOUR ANSWERS. ATTACH ADDITIONAL PAGES IF NEEDED.

Check the box that applies to you.

- | | |
|--|--|
| <input type="checkbox"/> Current or Prospective Employee / Contractor
<input type="checkbox"/> Applicant for a license or certification (including continuation or renewal) | <input type="checkbox"/> Household member / lives on premises – but not a client (anyone 12 years of age and over).
<input type="checkbox"/> Other – Specify: |
|--|--|

Name – (First and Middle)	Name – (Last)	Position Title (If applicable)		
Any Other Names By Which You Have Been Known (Including Maiden Name)			Birth Date	Gender (M / F)
Race		Social Security Number(s)		
<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			
Home Address		City	State	Zip Code
Name and address of Potential Employer, licensing Agency, Certifying Agency, or the child care center at which you reside or will reside..				

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, county, local, military, and tribal courts? Have you ever been convicted of another offense such as a municipal ordinance violation or a civil offense under a local ordinance? ➤ If Yes , list each pending charge or conviction, when it occurred, the date or arrest and conviction if applicable, and the city and state where the court is located. You may be asked to supply additional information including 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 adjudicated delinquent by a court of law, including tribal court, on or after your 12 th birthday and before your 18 th birthday, for a crime or other offense such as a municipal ordinance violation or a civil offense under a local ordinance? ➤ If Yes , list each crime or offense, 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"/>
3. Are you currently under community supervision by a state, federal or tribal agency (i.e. probation, extended supervision or parole)? ➤ If Yes , provide the name, address and phone number of the agency.	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you currently, or have you ever been, required to be registered on a state, tribal or national sex offender registry? ➤ If Yes , explain, including the location, reason for registration and length of time required to be registered.	<input type="checkbox"/>	<input type="checkbox"/>

Last Name –

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
5. Are you currently the subject of a child abuse or neglect investigation by a government or regulatory agency? ➤ If Yes , explain and provide the name of the agency conducting the investigation.	<input type="checkbox"/>	<input type="checkbox"/>
6. Has any government or regulatory agency (other than the police) ever found that you abused or neglected a child? ➤ If Yes , explain, including when and where it happened and the name of the agency that made the finding.	<input type="checkbox"/>	<input type="checkbox"/>
7. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? ➤ If Yes , explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
8. 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? ➤ If Yes , explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
9. Has any government or regulatory agency (other than the police) ever found that you abused an elderly person? ➤ If Yes , explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients? ➤ If Yes , explain, including credential name, limitations or restrictions, and time period.	<input type="checkbox"/>	<input type="checkbox"/>
SECTION B – OTHER REQUIRED INFORMATION	YES	NO
1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services? ➤ If Yes , explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
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? ➤ If Yes , explain, including when and where it happened and the reason.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been discharged from a branch of the U.S. Armed Forces, including any reserve component? ➤ If yes, indicate the year of discharge: _____ ➤ Attach a copy of your DD214 if you were discharged within the last 3 years.	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you resided outside of Wisconsin in the last 5 years? ➤ If Yes , list each state and the dates you lived there.	<input type="checkbox"/>	<input type="checkbox"/>

Last Name –

SECTION B – OTHER REQUIRED INFORMATION	YES	NO
5. Have you had a caregiver background check done within the last 4 years? ➤ 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.	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services or the Department Children and Families , a county department, a private child placing agency, school board or tribe? ➤ If Yes , list the review date, the result, the agency that conducted the review and attach a copy of the review decision.	<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. I understand that knowingly providing false information or omitting information may result in a forfeiture and other sanctions as provided by law.

SIGNATURE	Date Signed
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Catholic Charities of the Archdiocese of Milwaukee, Inc.

Volunteer, Intern, and Service Vendor - Confidentiality Agreement



It is the policy of **Catholic Charities of the Archdiocese of Milwaukee, Inc.**, (Catholic Charities) that its internal business affairs and other confidential information represents Catholic Charities' proprietary information that each volunteer, intern, or service vendor has a continuing obligation to protect. In exchange for continued service with Catholic Charities, which the volunteer, intern, or service vendor acknowledges is sufficient, he or she agrees to protect Catholic Charities' confidential and proprietary information as set forth below.

The volunteer, intern, or service vendor understands that in the course of his or her service with Catholic Charities, he or she may come into possession, or have access to, Catholic Charities' "Confidential Information." As used in this Confidentiality Agreement, "Confidential Information" includes, **but is not limited to**, any and all protected medical, legal, and non-public personal information concerning Catholic Charities' patients/clients and/or employees; information regarding the provision of services (e.g., behavioral therapy, legal, or other client services) or submission of billing or insurance claims; information regarding internal and external staff providers and their credentials or credentialing status; provider allowances; and Catholic Charities' business plans, strategies, and/or other trade secrets. However, "Confidential Information" does not include information that: (a) is or becomes generally available to the public through no breach by the volunteer, intern, or service vendor; (b) was previously known to the volunteer, intern, or service vendor prior to the date of disclosure by Catholic Charities, as evidenced by contemporaneous written records; (c) was acquired lawfully by the volunteer, intern, or service vendor from a third party without any breach of any obligation of confidentiality or use; or (d) is required to be disclosed pursuant to a subpoena or other similar order of any court or government agency, provided that the volunteer, intern, or service vendor shall, upon receiving such subpoena or order, promptly inform Catholic Charities in writing and provide a copy of the subpoena or order to Catholic Charities, and shall only disclose that portion of Confidential Information necessary to comply with such subpoena or order.

Accordingly, as a condition of service with Catholic Charities and in consideration of a volunteer's, intern's, or service vendor's access to Catholic Charities' Confidential Information, the volunteer, intern, or service vendor agrees as follows:

- Agrees to hold Catholic Charities' Confidential Information in the strictest confidence and not to disclose or otherwise utilize Catholic Charities' Confidential Information except as necessary for the volunteer, intern, or service vendor to perform his or her customary and regular duties. This means, among other things, that the volunteer, intern, or service vendor:
 - Will only access Confidential Information for which he or she has a legitimate business and/or clinical need to know;
 - Will not in any way disclose, divulge, copy, release, sell, loan, review, alter, destroy or otherwise distribute any of Catholic Charities' Confidential Information except as properly authorized within the scope of his or her service with Catholic Charities, during or after the period services were provided to Catholic Charities. Also, Confidential Information shall not be disclosed via e-mail, the Internet, or any other social media, such as blogging, Facebook, instant messaging, etc.; and
 - Will not otherwise misuse or misappropriate Catholic Charities' Confidential Information.
- The volunteer, intern, or service vendor further agrees to prevent unauthorized use of Confidential Information and agrees to report any unauthorized use of Confidential Information to Catholic Charities' Director of Finance and Administration or the Human Resources Manager.
- The volunteer, intern, or service vendor agrees not to remove any record, file, or document (including copies), or any other type of Confidential Information, from the office where it is kept, except in the performance of his or her regular and customary job duties.
- The volunteer, intern, or service vendor agrees not to remove any original record from Catholic Charities' property at any time without prior consent of the Director of Programs.

- The volunteer, intern, or service vendor agrees not to remove any copies of records from Catholic Charities' property at any time without prior consent of his or her immediate supervisor.
- The volunteer, intern, or service vendor agrees not to divulge his or her Catholic Charities network username or password to anyone else, or allow anyone else to access or alter information using his or her identity.
- The volunteer, intern, or service vendor agrees that all electronic communications assets as well as any data files, software, or messages produced in the course of doing his or her service are owned by Catholic Charities. Catholic Charities reserves and may exercise the right to review, audit, intercept, access, and disclose all matters on Catholic Charities' e-mails, voicemail, and computer systems at any time, with or without notice to the volunteer, intern, or service vendor, and access may occur during or outside working hours. This material is stored, and may be retrieved and inspected, even if it has been deleted by the user.
- The volunteer, intern, or service vendor agrees that he or she is responsible for seeing that electronic communications assets are used in an effective, ethical, and lawful manner, and agrees that these assets are not to be used in a way that may be illegal, disruptive, in violation of the rules of Catholic Charities, or offensive to others. Each volunteer, intern, or service vendor is personally responsible for the content of all text, audio, or images that they store, place, or send via e-mail, including those sent over the Internet. Use of electronic communications assets for any kind of harassment is prohibited.
- The volunteer, intern, or service vendor agrees that he or she will not view internet sites, or download materials which contain content that is abusive to individuals or groups, is sexually or violently graphic, or which is otherwise inappropriate in Catholic Charities' workplace.
- The volunteer, intern, or service vendor agrees that he or she will direct all inquiries and requests for Confidential Information from the news media and press to the Advancement Director and/or the Executive Assistant.
- The volunteer, intern, or service vendor agrees that he or she will not work, volunteer, intern, or otherwise provide service for a competitor during his or her off hours while providing service to Catholic Charities unless otherwise approved by the Director of Programs or Executive Director.
- The volunteer, intern, or service vendor agrees that he or she will return all Confidential Information, materials, information, agency issued equipment, and any copies of such materials to his or her supervisor at the end of the service to Catholic Charities.

The volunteer, intern, or service vendor acknowledges that failure to comply with the obligations contained in this Confidentiality Agreement will result in disciplinary action, up to and including termination of services. The confidentiality and non-disclosure obligations contained in this Confidentiality Agreement will continue after termination of services, whether the volunteer's, intern's, or service vendor's services are terminated voluntarily or involuntarily.

The volunteer, intern, or service vendor agrees that due to the unique nature of the Confidential Information, Catholic Charities will not have an adequate remedy in money or damages in the event of any unauthorized disclosure or use of Confidential Information. In addition to any other remedies that may be available at law, in equity or otherwise, Catholic Charities shall be entitled to injunctive relief to prevent such unauthorized disclosure or use of any Confidential Information, and to reimbursement of all costs incurred by Catholic Charities in enforcing the provisions of this Confidentiality Agreement, including reasonable attorneys' fees.

I have read, understand, and agree to abide by the policies and expectations set forth above.

(Print Name)

(Signature)

(Date)