



## Volunteer Initial Contact Form

Full Name: \_\_\_\_\_

Spouse/Partner Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone (home): \_\_\_\_\_

Phone (cell): \_\_\_\_\_

Phone (work): \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preferred Communication: (circle one)

Text

Phone

Email

Would you like access to sign up for volunteer shifts online?    Yes                  No

Office Use:

**Volunteer Program:** \_\_\_\_\_ (MOW, Health, Dementia etc)

Route Number: \_\_\_\_\_

Day of delivery: \_\_\_\_\_

Driver's License and Insurance Card:                  Yes                  No                  Not Needed





## **Emergency Procedures**

**If you find some injured, on the floor or other emergency situation**

Keeping calm is the key to handling an emergency situation.

- If it is clearly a medical emergency, call 911
  - Do not move an injured person.
  - When you have called for help, if the person is conscious assure him/her that help is on the way. Keep the person calm.
  - If appropriate, cover him/her with a blanket.
  - **Call the Aging & Disability Resource Center of Eau Claire County, 715-839-4886 or 715-839-6259 and inform of the situation.**
  - When emergency medical staff arrives, continue to deliver the remainder of the route.
- If you are not sure if it is a medical emergency, call the Aging & Disability Resource Center and we will help you evaluate the situation.
- **Please demonstrate respect for the situation by maintaining confidentiality after the event by not discussing what happened with the other people on the route or your friends & family.**





## Volunteer Code of Ethics Agreement Examples

### Examples of Potential Ethics Violations:

- Obtaining a key to a participant's home.
- **Running errands for a participant.\***
- **Driving a participant to any destination.\***
- Accepting any tips or gifts of any kind.
- Providing money to a participant.
- Forms of affection such as touching, hugging and kissing.
- **Handling money for a participant (i.e. balancing checkbook, paying bills, etc.)\***
- **Giving out your personal phone number.\***
- **Engaging in political conversations and/or debates.\***
- Providing your "advice" on things such as living conditions, medical care, in-home services needed, etc.
- Entering a participant's home when not invited in.
- **Doing chores for a participant such as vacuuming, laundry, shoveling, etc.\***
- Handing out unasked for business cards and offering to purchase items from homes is not permitted.

**\*Does not pertain to the LEEPS or Hoarding Taskforce program volunteers. If you need guidance on a situation with your program participant please do not hesitate to call the ADRC office.**

Please note that this list is not an all-inclusive list but meant to serve as potential examples of violations of the code of ethics agreement. **If you are asked to do or provide anything from a program participant or caregiver/client please notify the ADRC office at 715-839-4886. We will follow up with them.**





## Volunteer Code of Ethics Agreement

**Code of Ethics:** The purpose of this Code is to establish ethical standards of conduct for all volunteers by identifying those acts or actions that are not compatible with the best interest of the individuals served by the Aging & Disability Resource Center of Eau Claire County. If at any time a volunteer and participant wish to expand their relationship beyond the scope of your volunteer job description, please notify the Volunteer Coordinator so you can be re-assigned.

- Volunteers will treat all individuals with the same care. A volunteer shall not give special consideration, treatment or advantage to any individual beyond that which is available to every other individual.
- Volunteers shall not accept anything of value from clients they are serving or assisting. **NO** tips or gifts are to be accepted from any individual for services rendered.
- Volunteers serve with care and intelligence. They are not to criticize living conditions or standards of the individuals served.
- Volunteers will respect an individual's right to privacy:
  1. Do not interject or discuss religious beliefs, attitudes, values or offer medical advice.
  2. Political views are personal and not to be discussed.
  3. The recipients we serve are often vulnerable, frail, lonely and at risk of possible exploitation and /or easily influenced. It is our responsibility to accept this and not in any way take advantage of any information for personal or financial gain.

Procedure if there is a reported violation of the Code of Ethics:

- You will be notified by ADRC staff of any reported concerns or potential violations;
- You will receive a follow up letter via postal mail confirming what was discussed on the call with ADRC staff;
- You will be asked to no longer have contact with the participant with which there has been a potential ethical violation- this includes communication of any kind.

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Volunteer Signature

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Date



721 Oxford Avenue • Room 1130 • Eau Claire, WI 54703  
715.839.4735 • 1-888.338.4636 • tty: use Relay (711) • Fax 715.839.4866  
[www.co.eau-claire.wi.us/adrc](http://www.co.eau-claire.wi.us/adrc)  
[adrc@co.eau-claire.wi.us](mailto:adrc@co.eau-claire.wi.us)

**BACKGROUND INFORMATION DISCLOSURE (BID)**

Completion of this form is required under the provisions of Chapters 48.685 and 50.065, 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 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: **Volunteer**

**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)	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	
Address			Social Security Number(s)
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 <b>Yes</b> , 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 judgement 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 <b>Yes</b> , 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"/>
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.) ➤ If <b>Yes</b> , explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? ➤ If <b>Yes</b> , explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>

(continued on next page)

SECTION A (continued)	YES	NO
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? > If <b>Yes</b> , explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
6. Has any government or regulatory agency (other than the police) ever found that you <b>abused an elderly person</b> ? > If <b>Yes</b> , explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
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? > If <b>Yes</b> , 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 <b>Yes</b> , 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 <b>Yes</b> , 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 US 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 3 years? > If <b>Yes</b> , list each state and the dates you lived there.	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you had a caregiver background check done within the last 4 years? > If <b>Yes</b> , 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, a county department, a private child placing agency, school board, or DHS designated tribe? > If <b>Yes</b> , list the review date and the review result. You may be asked to provide 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 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.

<b>PRINT NAME</b> – Required Individual	<b>Date Submitted</b>
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# HUMAN RESOURCES DEPARTMENT

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## POLICY 302 CONFIDENTIALITY AGREEMENT

I understand that Eau Claire County has a legal and ethical responsibility to safeguard the privacy of all clients and to protect the confidentiality of their health information. Additionally, Eau Claire County must assure the confidentiality of its human resources, payroll, fiscal, and information systems (collectively "Confidential Information").

In the course of my employment/assignment at Eau Claire County, I understand that I may come into the possession of Confidential Information.

**I further understand that I must sign and comply with this agreement in order to get authorization for access to any of Eau Claire County's Confidential Information.**

1. I will not disclose or discuss any Confidential Information with others, including friends or family, who do not have a need to know it. In addition, I understand that my personal access code, user ID(s), and passwords used to access computer systems are also an integral aspect of this Confidential Information.
2. I will not access or view any Confidential Information, or utilize equipment, other than what is required to do my job.
3. I will not discuss Confidential Information where others can overhear the conversation (for example, in hallways, on elevators, in the break room, at restaurants, and at social events). It is not acceptable to discuss Confidential Information in public areas even if a client's name is not used. Such a discussion may raise doubts among clients and visitors about our respect for their privacy.
4. I will not make inquiries about Confidential Information for other personnel who do not have proper authorization to access such Confidential Information.
5. I will not willingly inform another person of my computer password or knowingly use another person's computer password instead of my own for any reason, except maintenance or technical support.
6. I will not make any unauthorized transmissions, inquiries, modifications, or purging of Confidential Information in Eau Claire County's computer system. Such unauthorized transmissions include, but are not limited to removing and/or transferring Confidential Information from Eau Claire County's computer system to unauthorized locations (for instance, home).
7. I will password protect any computer prior to leaving it unattended.
8. I will comply with any security or privacy policy promulgated by Eau Claire County to protect the security and privacy of Confidential Information.
9. I will immediately report to my supervisor any activity, by any person, including myself, that is a violation of this Agreement or of any Eau Claire County information security or privacy policy.
10. Upon cessation of my employment, I will immediately return any documents or other media containing Confidential Information to Eau Claire County.
11. I agree that my obligations under this Agreement will continue after the cessation of my employment.
12. I further understand that all computer access activity is subject to audit.

*By signing this document I understand and agree to the following:*

I have read the above agreement and agree to comply with all of its terms. I understand that violation of this Agreement may result in disciplinary action, up to and including discharge of employment and/or suspension and loss of privileges, in accordance with Eau Claire County's discipline policy, as well as legal liability.

Signature of employee/consultant/student/volunteer: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

**TO BE FILED IN EMPLOYEE'S PERSONNEL FILE**

Eau Claire County  
Human Resources Policy & Procedures Manual



I have been orientated as an Aging & Disability Resource Center Volunteer which includes the following:

- Job Description specific to your volunteer job
- Job and Emergency Procedures
- Volunteer Code of Ethics Agreement and Examples
- Confidentiality Policy
- Required to pass: State of Wisconsin CCAP, Criminal/ Caregiver background check and National Sex Offender Registry

Additional Information that may be requested based on program area:

- W-9 Form
- Have and maintain at least \$100,000 per person and \$300,000 per accident car liability insurance.
- Have and maintain a valid driver's license.

I have read and understand the contents above.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date