

Have you worked with youth before and in what capacity? _____

Do you belong to any service clubs or civic groups? Yes No If yes, which one(s): _____

How did you hear about the Pals Program? _____

Why are you interested in being a Pal? _____

What activities or hobbies do you enjoy that a youth might also? _____

What age level (3 and older) would you prefer to work with? _____ Boy Girl

What days and times are you available for a Pal? _____

Are there any behaviors in a youth or parent that you find unacceptable? _____

Do you have a driver's license? Yes No

Do you own an automobile? Yes No Make & Model _____

Do you have Automobile Insurance? Yes No Do you have home/renters insurance? Yes No

Company Name _____ Policy # _____
(The county recommends 100/300/100 auto coverage limits)

Do you anticipate any of the following life changes during the next year?

Job Change Starting School Having/Adopting a child
Moving Marrying Other _____

Do you have a physical, mental or emotional condition that might affect the type or frequency of visits you may have with a child? Yes No If yes: _____

Do you take prescribed medications that might affect your visits?
Yes No If yes: _____

Are you receiving any counseling or psychiatric treatment at this time?
Yes No If yes: _____

Are you currently or have you ever been treated for alcohol and/or other drug abuse?
Yes No If yes: _____

Have you ever been charged with an offense relating to minors?
Yes No If yes: _____

Please list all convictions in the space provided below. Include traffic, civil, criminal offenses, etc. List all probation or court supervision information. Be sure to list dates, city and state of offense.

References

Please give the name, address and phone number for three individuals who can vouch for your reputation, character, and morals. These persons must know you well enough to complete a reference questionnaire. The references cannot be relatives. You may use, but are not limited to, the following suggestions: teachers, clergy person, employer, neighbor, co-worker, former volunteer supervisor or associates etc...

<u>Name</u>	<u>Street</u>	<u>City</u>	<u>State & Zip Code</u>	<u>Phone/Email</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please inform the individuals named as references above that they will receive a questionnaire from us. You will be contacted for a personal interview and orientation after we have received the questionnaire from your references.

Authorization For Release Of Confidential Information

(Please read all statements before signing.)

I hereby authorize the Brown County Health and Human Services Department to contact the above references to conduct whatever investigation may be necessary to determine if I can become a volunteer.

I certify that my statements in this application are true, complete and correct to the best of my knowledge and belief.

I understand that the Brown County Health and Human Services Department will not monetarily compensate me for the hours that I donate as a volunteer.

I understand that falsification of this application constitutes grounds for rejection or termination from this Department's Volunteer Programs.

I give my permission to the Brown County Health and Human Services Department to check with the appropriate authorities (police, courts, motor vehicles, Child Protection, etc.) for matters of records regarding my background or history.

Wisconsin Statutes 948.13 and 973.034 prohibit a person who has been convicted of certain crimes against children from engaging in an occupation or participating in a volunteer position that requires the person to work or interact primarily and directly with children under 16 years of age. By violating this prohibition, you can be penalized under the Wisconsin Criminal Code.

Volunteer Signature _____ Date _____

Parent Signature _____ Date _____
(If volunteer is a minor)

Please include:

- _____ This application
- _____ Consent for a Caregiver Background Check form for anyone over age 17 in your home
- _____ A copy of your driver's license
- _____ Proof of auto and home insurance

Return application to:

Brown County Health & Human Services Department
111 North Jefferson Street
P.O. Box 22188,
Green Bay, WI 54305-2188
Fax: (920)448-6166
Email: Tilot_GG@co.brown.wi.us
Chaudoir_JL@co.brown.wi.us

