

VOLUNTEER APPLICATION

Volunteer placements are assigned after submission of the Volunteer Application, Background Disclosure and Confidentiality Forms. All forms should be forwarded to Next Door, 2545 N 29th St, 53210 or emailed to volunteer@nextdoormke.org.

VOLUNTEER INFORMATION

First Name: _____ Last Name: _____

Address: _____ City, State, Zip _____

Preferred Phone: _____ Emergency contact _____ Number _____

Employer: _____ Position: _____

Email Address: _____

Education (highest level completed) Middle School High School Technical Associate Bachelor Graduate

How did you hear about Next Door? Next Door website Volunteer website Family/Friend other _____

Do you have a child(ren) enrolled in one of our programs or are you a relative of a Next Door staff member? Y N

If yes, please list the child and/or staff member's name: _____

Do you have past or current volunteer experience? If so, please explain. _____

Why are you interested in volunteering at this time? Personal Enrichment For School For Work Other _____

Please note: Next Door reserves the right to decline court ordered community service in accordance with Department of Children and Families Caregiver Background Information Disclosures. Next Door is unable to host W2 clients to fulfill volunteer service hours due to funding requirements.

VOLUNTEER INTEREST

Read with Me (one on one reading with children)

Books for Kids (help clean, label and sort books)

Book Drive (collect books for children)

Learn with Me (assist teachers with learning/nurturing activities for children ages 0-5)

Adult Education Tutor (work with our adult education students)

Walk for Children (May)

Holiday Giving: Adopt-A-Family and Adopt-A-Classroom (Dec)

Special Projects (help with other projects and events)

Next Door hosts volunteers Monday-Friday, 9AM – 4PM. Some volunteer positions have variable times and needs. Please indicate the days and times you are available to volunteer.

Monday	Tuesday	Wednesday	Thursday	Friday

Please check the following boxes:

I agree and consent to the use of photographs or recordings of myself to be used from information, education and marketing purposes by Next Door for as long they are needed. I waive all claims for any payment for such use or for damages: Yes No

I would like to receive periodic updates from Next Door: Yes No

Applicant's Signature: _____ Date: _____

Guardian Signature (required for volunteers under 18) _____

BACKGROUND CHECK REQUEST FORM

This form is required to request a background check under the provisions of Wis. Stat. § 48.686 and Wis. Admin. Code § DCF 12.03 for licensure, certification, employment or residency at a child care center. Failure to complete this form may result in a delay processing your application, adding a household member or determining eligibility for employment.

Providing your social security number is voluntary. However, not providing it could delay the background check process. The 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.

First Name	Middle Name	Last Name
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Alias Names (Including Maiden Name)

Email Address (optional)	Phone Number
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Social Security Number	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Birth Date (mm/dd/yyyy)
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Race

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Unknown
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other – More Than One Category	

Check the role that best applies to you:

<input type="checkbox"/> Administrative Staff	<input type="checkbox"/> Household Member (over 18 years old)	<input type="checkbox"/> Provider
<input type="checkbox"/> Administrator	<input type="checkbox"/> Household Member (under 18 years old)	<input type="checkbox"/> Site Supervisor
<input type="checkbox"/> Applicant/Licensee	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Student Intern
<input type="checkbox"/> Board President/Chair	<input type="checkbox"/> Kitchen Staff	<input type="checkbox"/> Student Teacher
<input type="checkbox"/> Certified Operator	<input type="checkbox"/> Minor Employee (under 18 years old)	<input type="checkbox"/> Teacher - Assistant
<input type="checkbox"/> Director	<input type="checkbox"/> Other Caregiver	<input type="checkbox"/> Teacher - Lead
<input type="checkbox"/> Director - Assistant	<input type="checkbox"/> Other Noncaregiver	<input type="checkbox"/> Teacher - Substitute
<input type="checkbox"/> Facilities Staff		<input type="checkbox"/> Trainer
		<input type="checkbox"/> Volunteer

INDIVIDUAL'S PHYSICAL HOME ADDRESS

Address	City	County	State	Zip Code
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INDIVIDUAL'S MAILING HOME ADDRESS Check here if same as physical address

Address	City	County	State	Zip Code
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List the name and address of the agency or program to receive background check eligibility information—for example, child care center, potential employer, licensing or certifying agency, higher education institution, etc. (optional)

Next Door Foundation
 2545 N. 29th Street
 Milwaukee, WI 53210

Continue to the next page.

BACKGROUND INFORMATION	YES	NO
<p>1. Have you been discharged in the last three years from a branch of the U.S. Armed Forces, including reserves duty?</p> <p>➤ If yes, indicate the year of discharge in the space below and attach a copy of your DD 214 – Certificate of Release or Discharge from Active Duty or other discharge papers.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. Do you currently reside outside of, or have you in the last five years resided outside of, Wisconsin?</p> <p>➤ If yes, list each state including counties and the dates you lived there. If you lived outside the US, list the city, country and dates. Attach a separate page if necessary.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. 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?</p> <p>➤ If yes, provide all of the following information and attach a copy of the review decision. Attach additional pages if necessary.</p> <ul style="list-style-type: none"> • Date of the rehabilitation review • Result of the review • Agency that conducted the review 	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Do you have any pending criminal charges, or were you convicted of any crime? Include all offenses in federal, state, county, local, military and tribal courts.</p> <p>➤ If yes, provide all of the following information for each conviction or pending charge:</p> <ul style="list-style-type: none"> • Description of the conviction or charge • Date the incident occurred (month and year) • Location where the incident occurred (city and state) • Date of the arrest or conviction if applicable • Location of the court (city and state) • Type of jurisdiction (federal, state, county, local, military or tribal) <p>Note: 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.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. Were you ever adjudicated delinquent by a court of law or tribal court when you were aged 10 to 17 years old? Include all offenses in federal, state, county, local, military and tribal courts.</p> <p>➤ If yes, provide all of the following information for each offense:</p> <ul style="list-style-type: none"> • Description of the crime or offense • Date the incident occurred (month and year) • Location where the incident occurred (city and state) • Location of the court (city and state) <p>Note: 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.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. Are you currently, or have you ever been, required to be registered on a national, state or tribal sex offender registry?</p> <p>➤ If yes, provide all of the following information:</p> <ul style="list-style-type: none"> • Location of the registry • Reason for registration • Length of time required to be registered 	<input type="checkbox"/>	<input type="checkbox"/>

Continue to the next page.

BACKGROUND INFORMATION (continued)	YES	NO
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<p>7. Are you currently the subject of an investigation or has there ever been a finding against you for abuse, neglect or misappropriation (theft) of property of a child, adult or elderly person?</p> <p>➤ If yes, provide all of the following information for each incident:</p> <ul style="list-style-type: none"> • Explanation of the incident • Date the incident occurred (month and year) • Location where the incident occurred (city and state) • Name of the agency that is conducting the investigation or has made the finding 	<input type="checkbox"/>	<input type="checkbox"/>
<p>8. Do you have a government issued credential or license that is not current or is limited as to restrict you from providing care to clients? Examples of credentials or licenses include foster care, nurse, teacher, real estate, child care license or certification.</p> <p>➤ If yes, provide all of the following information for each limitation or restriction:</p> <ul style="list-style-type: none"> • Credential name • Explanation of the situation • Limitations or restrictions placed on the credential • Time period of the limitations or restrictions 	<input type="checkbox"/>	<input type="checkbox"/>

A "NO" answer to all questions does not guarantee eligibility for employment, residency, or regulatory approval.

SIGN HERE IF YOU ARE COMPLETING THIS FORM ON BEHALF OF ANOTHER PERSON

I understand that by signing below, to the extent I am providing this information about someone else, I am certifying that I have made a complete and diligent inquiry regarding the truthfulness and completeness of this statement and I believe this information to be accurate. I understand that by knowingly providing false information or omitting information I may be subject to forfeitures and other sanctions as provided by law.

Print Full Name

Signature	Date Signed
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SIGN HERE IF YOU ARE COMPLETING THIS FORM FOR YOURSELF

I understand that by signing below I am attesting, 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 me not being eligible to hold a license or certificate to operate, reside at or be employed at a child care center, and that I may be subject to forfeitures and other sanctions as provided by law.

Print Full Name

Signature	Date Signed
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Next Door Confidentiality Policy

Employees / Volunteers / Contractors

Confidentiality

Next Door participants entrust us with important information about themselves and their families. The nature of this trusting relationship requires maintenance of confidentiality. In safeguarding the information received, we earn the respect and further trust of our participants. Next Door employees, volunteers, and contractors have a moral and legal obligation to respect the confidentiality of families and fellow employees, volunteers, and contractors. The trust between a family, our agency and our employees, volunteers, and contractors must never be broken.

Confidential information includes child, family, co-worker/employee records, medical information, business, financial, employee and other agency information.

Confidential information may be written, computerized or oral.

Information about children, families and their personal situations, regardless of the source, may not be released to any unauthorized individual.

Employment and services with Next Door assumes an obligation to maintain confidentiality, even after an employee leaves our employment. Personal information about families, children and employees will remain confidential both during and after their enrollment, or employment in our programs.

Agency guidelines have been established to assist employees in ensuring confidentiality. Employees are required to review and abide by these guidelines. Breaking confidentiality by releasing or discussing information about agency participants, employees, volunteers, or contractors to unauthorized agencies or individuals without the permission of the person in question or appropriate agency personnel is grounds for immediate dismissal. Employee discussion, gossip, careless remarks or idle chatter in or out of the workplace or any other inappropriate release of information, including social media (i.e. Facebook, Twitter, and etc.), concerning children, families or co-workers is a breach of confidentiality. Next Door reserves the right to collect and analyze data pertinent to staffing and programming needs.



Next Door Confidentiality Policy

Employees / Volunteers / Contractors

1. Children, families, staff members, volunteers, and contractors have a right to privacy that gives them control over the dissemination of their medical or other sensitive information. The Next Door Foundation shall preserve the right of confidentiality for all individuals in its program.
2. Employees, volunteers and contractors shall keep confidential all medical, social, referral, personal and financial information regarding a person and his/her family. Information about children, families and their personal situations, regardless of the source, may not be released to any unauthorized individual.
3. Anyone who works or volunteers for, or provides services to, the Next Door Foundation is bound by the confidentiality policy, including but not limited to: full- and part-time staff, independent contractors, temporary employees, volunteers, and board members.
4. A person must be over the age of 18 to give consent for disclosure of medical or sensitive information. For anyone under the age of 18, only parent(s), legal guardian or other legal representatives may give consent for disclosure. Adults with developmental disabilities are presumed legally competent to give or deny disclosure unless they have been adjudicated incompetent to make this type of health care or sensitive information decision. If a substitute decision maker has been appointed, written consent must be obtained from that individual.
5. Breach of this confidentiality policy may result in reprimand, loss of certain job/contractor/volunteer responsibilities, or termination of services/employment, to be determined by the Program Director/President/or Board of Directors based on the severity of the breach.

I understand and will observe the confidentiality policy of the Next Door Foundation.

Print Name: _____

Signature: _____

Date: _____

(Signature required of all staff, volunteers, independent contractors, board members, and temporary employees)