

Volunteer Driver Application
Compass IL
2920 Schneider Ave. SE., 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 1/14/2025

OFFICE USE ONLY: Background date & initials: _____

LIST TIMES YOU ARE AVAILABLE TO DRIVE:

Monday _____
Tuesday _____
Wednesday _____
Thursday _____

Friday _____
Saturday _____
Sunday _____

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:

Adams, Ashland, Barron, Bayfield, Burnett, Chippewa, Clark, Douglas, Dunn, Eau Claire,
Forest, Florence, Iron, Lincoln, Langlade, Marathon, Oneida, Pepin, Pierce, Polk,
Portage, Price, Rusk, Sawyer, St Croix, Taylor, Vilas, Washburn, and Wood.

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 Compass IL 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
Compass IL
ATTN: Mel
2920 Schneider Ave, SE.
Menomonie, WI 54751
For questions call 715-233-1070 ext. 226 or 1-800-228-3287

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 any disabled parking permit within 15 days.

Volunteer Driver Name (printed) : _____

Volunteer Driver Signature: _____

Date: _____





Main Office
2920 Schneider Avenue SE
Menomonie, WI 54751
compassil@compassil.org

Phone 800.228.3287
Fax 715.233.1083

Branch Office
2021 Cenex Drive, Suite D
Rice Lake, WI 54868
www.compassil.org

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: _____ Race: _____

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. _____

ACT 172 – Acknowledgement Statement:

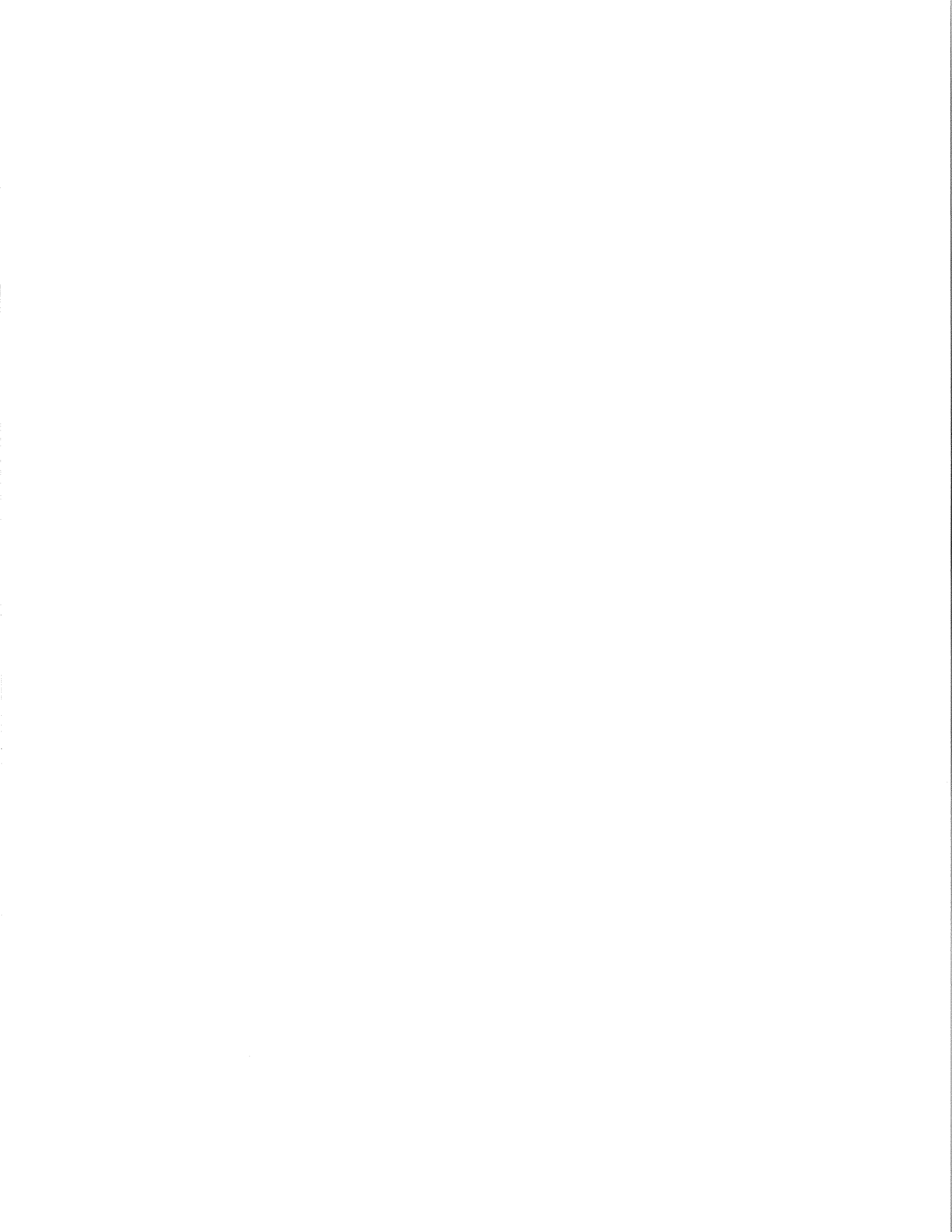
Compass IL is required by the Wisconsin Department of Health Services 2007 Wisconsin Act 172 which amended s. 50.065 of the Statutes, to disclose certain information from caregiver background checks to consumers.

By my signature, I understand that by law, Compass IL 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.

This form will be used as support to process the required background check every 4 years.

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.



BACKGROUND INFORMATION DISCLOSURE (BID)

- **PENALTY: Knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000 and other sanctions as provided in Wis. Admin. Code § DHS 12.05(4).**
- Completion of this form is required under the provisions of Wis. Stat. § 50.065. 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 DQA form F-82064A, *BID Instructions*, 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.
- **PRINT OR TYPE YOUR ANSWERS.**

Check the box that applies to you.

- Employee / Contractor (including new applicant) Household member (lives on premises, but is not a client)
- Applicant for a license, certification, or registration (including continuation or renewal) Other – Specify: _____

NOTE: If you are an owner, operator, board member, or non-client resident of a facility regulated by the Division of Quality Assurance (DQA), complete the BID, F-82064 and the Appendix, F-82069, and submit both forms to the address noted in the Appendix Instructions.

Full Legal Name – <i>First</i>		<i>Middle</i>	<i>Last</i>	
Position Title (Complete only if a prospective or current employee or contractor.)			Birth Date (<i>MM/dd/yyyy</i>)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Any Other Names By Which You Have Been Known (Including Maiden Name)				
Race / Ethnicity (Check ONLY one.) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown				Social Security Number
Home Address		City	State	Zip Code
Business Name and Address – Employer or Care Provider (Entity)				

A “NO” answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION

1. Do you have any criminal charges pending against you, including in federal, state, local, military, and tribal courts? Yes No
- If **Yes**, list each charge, when it occurred or the date of the charge, and the city and state where the court is located.
- You may be asked to supply additional information, including a copy of the criminal complaint or any other relevant court or police documents.

2. Were you ever convicted of any crime anywhere, including in federal, state, local, military, and tribal courts? Yes No
- If **Yes**, 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 judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.

3. **IMPORTANT: Read before completing item 3.**

Wis. Stat. § 48.981 Abused and neglected children and abused unborn children. (7)(a) CONFIDENTIALITY. "All reports made under this section, notices provided under sub. (3) (bm), and records maintained by an agency and other persons, officials, and institutions shall be confidential." Reports and records may be disclosed only to the persons identified in this section.

If you are the employer or prospective employer of the person completing this form and are entitled to obtain this information per the above, check this box.

Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? Yes No

If the above box has been checked, provide an explanation below, including when and where the incident(s) occurred.

4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? Yes No

If **Yes**, explain, including when and where it happened.

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? Yes No

If **Yes**, explain, including when and where it happened.

6. Has any government or regulatory agency (other than the police) ever found that you **abused an elderly person**? Yes No

If **Yes**, explain, including when and where it happened.

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? Yes No

If **Yes**, explain, including credential name, limitations or restrictions, and time period.

SECTION B – OTHER REQUIRED INFORMATION

1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services? Yes No

 If **Yes**, explain, including when and where it happened.
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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? Yes No

 If **Yes**, explain, including when and where it happened and the reason.
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3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? Yes No
 If **Yes**, indicate the year of discharge: _____
 Attach a copy of your DD214, if you were discharged within the last three (3) years.
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4. Have you resided outside of Wisconsin in the last three (3) years? Yes No

 If **Yes**, list each state and the dates you resided there.
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5. If you are employed by or applying for the State of Wisconsin, have you resided outside of Wisconsin in the last seven (7) years? Yes No

 If **Yes**, list each state and the dates you resided there.
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6. Have you had a caregiver background check done within the last four (4) years? Yes No

 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.
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7. 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?

Yes No

If **Yes**, list the review date and the review result. You may be asked to provide a copy of the review decision.

Read and initial the following statement.

_____ I have completed and reviewed this form (F-82064, BID) and affirm that the information is true and correct as of today's date.

Name – Person Completing This Form	Date Submitted
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