



**Volunteer Driver Application
Center for Independent Living for
Western Wisconsin, Inc.
2920 Schneider Ave. E., 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 5/28/2019

OFFICE USE ONLY: Background date & initials: _____

LIST TIMES YOU ARE AVAILABLE TO DRIVE:

Monday _____ Friday _____
Tuesday _____ Saturday _____
Wednesday _____ Sunday _____
Thursday _____

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 CILWW 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
Center for Independent Living for Western Wisconsin, Inc.
2920 Schneider Ave. E.
Menomonie, WI 54751
For questions call 1-800-228-3287 or 233-1070

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 disabled parking sign, policy manual, and any other materials belonging to CILWW within 15 days.

Volunteer Driver Name (printed) : _____

Volunteer Driver Signature: _____

Date: _____



Main Office
2920 Schneider Ave SE
Menomonie, WI 54751

312 W. Knapp St.
Rice Lake, WI 54868

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: _____

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. _____
5. _____
6. _____

ACT 172 – Acknowledgement Statement:

The CILWW 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, The CILWW 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.

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.

Wisconsin Statutes	Crime
940.19 (3), 1999 Stats	Battery
940.01	First-degree intentional homicide
940.02	First-degree reckless homicide
940.03	Felony murder
940.05	Second-degree intentional homicide
940.12	Assisting suicide
940.19 (2), (4), (5) or (6)	Battery (felony)
940.22 (2) or (3)	Sexual exploitation by therapist; duty to report
940.225 (1), (2) or (3)	1 st , 2 nd , 3 rd degree sexual assault
940.285 (2)	Abuse of individuals at risk
940.29	Abuse of residents of penal facilities
940.295	Abuse or neglect of patients and residents
943.20	Theft
943.201	Unauthorized use of an individual's personal identifying information or documents
943.203	Unauthorized use of an entity's identifying information or documents
943.32	Robbery
943.38	Forgery
943.41	Financial transaction card crimes
948.02 (1) or (2)	1 st or 2 nd degree sexual assault of a child
948.025	Physical abuse of a child
948.03 (2)(a), (b) or (c)	Sexual exploitation of a child
948.05	Trafficking of a child
948.051	Causing a child to view or listen to sexual activity
948.055	Incest with a child
948.06	Child enticement
948.07	Soliciting a child for prostitution
948.08	Sexual assault of a child placed in substitute care
948.085	Exposing a child to harmful material or harmful descriptions or narrations
948.11 (2)(a) or (am)	Possession of child pornography
948.12	Child sex offender working with children
948.13	Neglecting a child
948.21 (1)	Abduction of another's child; constructive custody
948.3	Child unattended in child care vehicle
948.53	Manufacture, distribution or delivery of a controlled substance or a controlled substance analog
961.41 (1)	Possession with intent to manufacture, distribute or deliver a controlled substance or a controlled substance analog
961.41 (1m)	Possession or attempt to possess a controlled substance or a controlled substance analog
961.43 (1)(a)	Acquire or obtain possession of a controlled substance by misrepresentation, fraud, forgery, deception or subterfuge
961.43 (1)(b)	To make, distribute or possess material designed to reproduce the trademark upon any drug or container or label so as to make a counterfeit substance or to duplicate the physical appearance, form, package or label of a controlled substance
A violation of the law of any other state or United States Jurisdiction that would be violate of a crime listed in this table	

Table HFS 12.115