**Aging & Disability Resource Center of La Crosse County**

***Volunteer Application***

Thank you for your interest in the ADRC! Volunteers are cricital to the success of our programs.

Thank you in advance for your time and support!

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Last Name:** |  | **First Name:** |  | **MI:** |  |
| **Address:** |  | | | | |
| **Phone:** |  | **Email:** |  | | |

**Days of the week you are available to volunteer:**  Mon  Tues  Wed  Thu  Fri  Sat

**Hours of the day you are available to volunteer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Interest(s):**

Benefit specialist assistant  Caregiver support volunteer  Dementia program volunteer

Meal delivery driver  Meal site volunteer  Prevention program volunteer  Volunteer Guardian

Other (ie., event support, administrative)

All **meal delivery driver volunteers** must submit the following:

Background Information Disclosure (BID)

*Under the state caregiver law, a caregiver background check is required for volunteers who work independently with vulnerable adults and/or provide independent services to elderly in their homes.*

*\*\*Please be sure to initial, sign and date on the back (bottom of form) prior to submission*

Driver’s license #\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Volunteers who will be driving on behalf of the County must have a valid driver’s license and acceptable driving record. In general, acceptable driving records include those with no (zero) violations in the following areas:*

1. *Operating under the Influence (OWI) charges within the last five (5) years*
2. *Under the Influence (DUI) charges within the last five (5) years*
3. *At-fault accidents in the past two (2) years*
4. *Moving violations in the past two (2) years*

Proof of personal liability automobile insurance

*Volunteers using their personal vehicle for County business shall carry personal liability automobile insurance on their own vehicle as required by County policy. The County does not provide protection to the volunteer for damage to his or her own automobile. The volunteer shall be responsible for damage to his or her own vehicle.*

Requst for Taxpayer Identification Number and Certification (W-9)

*Volunteers who receive mileage reimbursement shall complete and submit a W-9 form.*

All **benefit specialist assistants** must submit the following:

Resume

Background Information Disclosure (BID)

*Under the state caregiver law, a caregiver background check is required for volunteers who work independently with vulnerable adults and/or provide independent services to elderly in their homes.*

*\*\*Please be sure to initial, sign and date on the back (bottom of form) prior to submission*

All **caregiver support and dementia program volunteers** must submit the following:

Resume

Background Information Disclosure (BID)

*Under the state caregiver law, a caregiver background check is required for volunteers who work independently with vulnerable adults and/or provide independent services to elderly in their homes.*

*\*\*Please be sure to initial, sign and date on the back (bottom of form) prior to submission*

All **ongoing event/administrative support volunteers** must submit the following:

Resume

\*A resume and application will not be required for volunteers who work under the direct supervision of a county employee for a once-a-year event of limited duration.

All volunteer applicants will be invited to a brief interview. The interview provides the ADRC an opportunity to clarify information provided on/requested with this application, and to learn more about the volunteer applicant and their interest areas. An application or interview request does not guarantee that a volunteer opportunity will be provided.

Approved and accepted ADRC volunteers are required to complete an ADRC orientation and training.

Newly authorized volunteers will receive a welcome letter that provides a start date on which orientation and initial training will take place. The letter will also include a description of volunteer responsibilities.

***Staff Use Only***

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| --- | --- | --- | --- | --- | --- |
| Meal Site: | Holmen  Onalaska  CCC  SSNC  Brice Prairie  West Salem | | | | |
| Programs: | Dementia Care  Caregiver Support  Ben Spec Assist.  Events  Administrative | | | | |
| Received by: |  | Date: |  | BID and/or driver’s record complete: |  |