

**ROCK VALLEY COMMUNITY PROGRAM, INC.
VOLUNTEER/INTER INFORMATION SHEET**

NAME: _____ DATE: _____

D.O.B: _____ Marital Status: _____

Social Security Number: _____

Driver's License #: _____ State: _____

EDUCATION:

High School: _____

College: _____ Degree: _____

Special Training: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

IN CASE OF AN EMERGENCY PLEASE NOTIFY:

Name: _____ Telephone: _____

ADDRESS: _____

Name: _____ Telephone: _____

ADDRESS: _____

MEDICAL DOCTOR: _____ Telephone: _____

TELEPHONE #: _____

PERSONNEL DEPARTMENT USE ONLY

Starting Date: _____ Schedule: _____

PROGRAM: _____

ROCK VALLEY COMMUNITY PROGRAMS, INC. (RVCP, Inc.)
EMPLOYEE STANDARDS OF CONDUCT

As an employee of Rock Valley Community Programs, Inc., you are required to adhere to the following standards of conduct:

1. Employees shall conduct themselves professionally and in a manner that creates and maintains respect for RVCP, Inc. and contract/affiliated contract agencies.
2. Employees shall avoid any action that might result in, or create the appearance of, adversely affecting the confidence of the public in RVCP, Inc. and contract/affiliated contract agencies.
3. Employees shall uphold all ethical rules governing their professions, including complying with applicable licensing authority rules, unless they conflict with legal laws.
4. Employees shall not use or possess illegal drugs or narcotics. Employees shall not abuse any drugs or narcotics. Employees shall not use alcoholic beverages or be under the influence of alcohol while on duty, present in the facility, or immediately before reporting for duty. When an employee's blood alcohol content level is 0.02 percent or greater he or she will be considered to be under the influence of alcohol.
5. Employees shall not allow themselves to show partiality toward, or become emotionally, physically, sexually, or financially involved with offenders, former offenders, or the families of offenders or former offenders.
6. Employees shall not engage in, or allow another person to engage in, sexual behavior with an offender. Regardless of whether force is used or threatened, there can be no consensual sex between employees and offenders.
7. Employees shall not offer or give to an offender or a former offender or any member of his or her family, or to any person known to be associated with an offender or former offender, any article, favor, or service which is not authorized in the performance of the employee's duties. Employees shall not accept any gift, personal service, or favor from an offender or former offender or from anyone known to be associated with or related to an offender or former offender. This prohibition includes becoming involved with families or associates of any offender.
8. Employees shall not have any outside contact with an offender, ex-offender, offender's family or close associates, for a period of one year from the last day of the offender's sentence or supervision, whichever is later, except those activities that are an approved, integral part of the program and a part of the employee's job description.
9. Employees are prohibited from showing favoritism or giving preferential treatment to one offender, or a group of offenders, over another.
10. Employees shall not use profane, obscene, or otherwise abusive language when communicating with offenders, fellow employees, or others. Employees are required to conduct themselves in a manner that is not demeaning to offenders, fellow employees, or others.

11. Employees shall remain fully alert and attentive during duty hours.
12. Employees shall not engage in any conduct that is criminal in nature or which would bring discredit upon RVCP, Inc. and contract/affiliated contract agencies.
13. Employees are to conduct themselves in a manner that is above reproach. Employees are to obey not only the letter of the law, but also the spirit of the law while engaged in personal or official activities. Employees charged with, arrested for, or convicted of any felony or misdemeanor, are required to immediately inform and provide a written report to the Director of the program. The Director shall immediately report the incident to the Chief Executive Officer. In cases involving federal clients, the information will be immediately reported to the Contract Officer Technical Representative (COTR). Traffic violations resulting in fines less than \$150.00 are exempt from this reporting requirement.
14. Employees are prohibited from using brutality, physical violence, or intimidation toward offenders, or use any unauthorized or inappropriate force.
15. Employees are prohibited from engaging in inappropriate supervisor/subordinate relationships, to include but not limited to, emotional, sexual, financial or physical.
16. Employees are prohibited from possessing lethal weapons or weapons which may inflict personal injury, to include pepper spray or other self-defense type of chemical agents, in the facility or while on duty. Employees are prohibited from storing lethal weapons or weapons which inflict personal injury, to include pepper spray or other self-defense type of chemical agents, in vehicles under their control parked on or adjacent to this facility. Offenders shall not possess or use any of these items at any time.
17. Employees shall abide by all standards addressed in the Rock Valley Community Programs, Inc. Employee Handbook under Code of Ethics and Unacceptable Behavior.
18. Employees who are suspected of violating the contractor's Employee Standard of Conduct are prohibited from contact with federal offenders until a disposition is made by the COTR.

I have read and understand that as a staff member of Rock Valley Community Programs, Inc., I am expected to adhere to the standards of conduct covered by the Employee Standards of Conduct listed on the front and back of this page. Furthermore, I agree to cooperate fully by providing all pertinent information, which I may have, to any investigative authority¹. I understand that full cooperation means and requires truthfully responding to all questions and providing a signed affidavit, if requested.

Signature

¹ In cases involving Federal clients, investigative authorities include, but are not limit to, investigations conducted by the Department of Justice, Federal bureau of Investigation, Office of the Inspector General, Office of Professional Responsibility, BOP Office of Internal Affairs, Office of Personnel Management, BOP Special Investigative Agent, BOP Special Investigative Supervisor, Equal Employment Opportunity Investigator, Department of Labor, U.S. General Accounting Office, U.S. Marshal Service or any other agent or agency the CCM authorizes or directs to conduct and investigation.

ROCK VALLEY COMMUNITY PROGRAMS, INC.

Pledge of Confidentiality

I certify by my signature that I will not give information about agency procedures, staff and residents/clients to unauthorized persons and understand that doing so would be a serious violation of agency policy subject to disciplinary action up to and including termination.

Employee Signature

Date

Volunteer/Intern

Community Development Director

Date

ROCK VALLEY COMMUNITY PROGRAMS, INC
EMPLOYMENT REFERENCE
DISCLOSURE AUTHORIZATION AND RELEASE

Applicants: Please provide a minimum of two professional and two personal references. Please indicate the relationship to the reference and a phone number they can be reached at during business hours, or note if it is only an after hour phone number.

I hereby authorize:

1. _____
First & Last Name Phone number

Nature of relationship (Past employer, supervisor, co-worker, personal acquaintance, etc.)

2. _____
First & Last Name Phone number

Nature of relationship (Past employer, supervisor, co-worker, personal acquaintance, etc.)

3. _____
First & Last Name Phone number

Nature of relationship (Past employer, supervisor, co-worker, personal acquaintance, etc.)

4. _____
First & Last Name Phone number

Nature of relationship (Past employer, supervisor, co-worker, personal acquaintance, etc.)

and its employees to provide any and all information they deem appropriate regarding my employment and job performance to Rock Valley Community Programs, Inc, and any of its employees, representatives and agents. This information may be provided either verbally or in writing. In addition to authorize the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against Rock Valley Community Programs, Inc. and its employees, representatives and agents; I release Rock Valley Community Programs, Inc. and its employees, representatives and agents from any and all liabilities, claims, or damages that may directly or indirectly result from the use, disclosure or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

Signature

Date

Print Name



STATE OF WISCONSIN
DEPARTMENT OF JUSTICE

DJ-LE-250 (Rev. 10/98)

DIVISION OF LAW ENFORCEMENT SERVICES
Crime Information Bureau
Record Check Unit

PO Box 2688
Madison, WI 53701-2688
608/266-5764
V/TTY 608/267-8902

WISCONSIN CRIMINAL HISTORY
SINGLE NAME RECORD REQUEST

A self-addressed, postage-paid envelope must accompany every inquiry. Ensure sufficient postage is included. See reverse side for additional information.

Requestor Type - Check One

- Government Agency \$5.00
- General Public \$13.00
- Nonprofit Org. \$2.00
Nonprofit # ES-25867
- Public Defender (Fee Exempt)
- SPD# _____

Request Purpose - Check One

- General Information
- Public Housing
- Caregiver - General
- Caregiver - Day Care
Day Care Facility or Agency Number _____

Payment Type - Check One

- Bill Account
Number # N-1143
- Amount,
Enclosed \$ _____

Search for a Record on: (Please type or print legibly)

* Name: _____ / _____ / _____
(Last) (First) (Middle)

* Sex: _____ * Race: _____ * Date of Birth: _____ / _____ / _____
(MM) (DD) (YYYY)

Other Identifying Data (Social Security Number, Maiden Name(s), Additional Names, etc.)

* Required Data

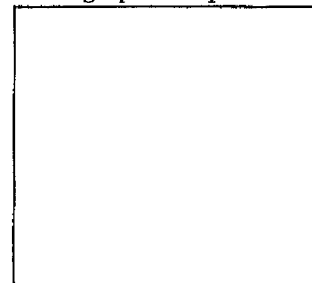
Return request to: (Include a self-addressed, postage-paid envelope)

Name: Rock Valley Community Programs, Inc. Attn: Gayle Sullivan-Hotchkiss
Street: 203 W. Sunny Lane Rd. Phone: 608-741-4500, Ext. 6409
City, State, Zip: Janesville, WI 53546 FAX: 608-741-4502
E-mail: N/A

FOR CIB USE ONLY

If an individual is requesting his or her own record and wishes to guarantee the correct record is furnished, a legible inked fingerprint impression of the right index finger must accompany this request.

Right Index
Fingerprint Impression



BACKGROUND INFORMATION DISCLOSURE

Completion of this form is required under the provisions of sections 48.685 and 50.065 of the Wisconsin Statutes. 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 the attached instructions (HFS-64 A) 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.

Please print your answers.

Check the box that applies to you.

- Employee / Contractor (Including new applicant) Household member / lives on premises - but not a client
 Applicant for a license or certification or registration (including continuation or renewal) Other - specify: *Volunteer*

NOTE: If you are an owner, operator, board member, or nonclient resident of a Bureau of Quality Assurance (BQA) regulated facility (1) print only your first, middle and last name; (2) complete Sections A and B; (3) sign the form; (4) complete the Appendix, HFS-69, in its entirety and (5) submit this form and the Appendix to the address noted in the Appendix Instructions.

Name - First and Middle	Name - Last	Position Title (Complete only if you are a prospective employe or contractor, or a current employe or contractor.)		
Any other names by which you have been known (including maiden name)		Birthdate	Gender (M / F)	Race
Address			Social Security Number(s)	
Business Name and Address of Employer or Care Provider (Entity)				

Rock Valley Community Programs

Section A - ACTS, CRIMES AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
1. Do you have criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local, military and tribal courts? ➤ 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 judgement of conviction, a copy of the criminal complaint, or any other relevant court or police documents.		
2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10 th birthday for a crime or offense? (NOTE: A response to this question is only required for group and family day care centers for children and day camps for children.) ➤ If Yes, list each crime, when and where it happened, and the location of the court (city and state). 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.		
3. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? A response is required if the box below is checked: <input type="checkbox"/> (Only employers and regulatory agencies entitled to obtain this information per sec. 48.981(7) are authorized to, and should, check this box.) ➤ If Yes, explain, including when and where it happened.		
4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? ➤ If Yes, explain, including when and where it happened.		

(Continued on next page)

Section A - Continued	YES	NO
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? ➤ If Yes, explain, including when and where it happened.		
6. Has any government or regulatory agency (other than the police) ever found that you <u>abused an elderly person</u> ? ➤ 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? ➤ If Yes, explain, including credential name, limitations or restrictions, and time period.		
Section B – OTHER REQUIRED INFORMATION	YES	NO
1. Has any government or regulatory agency ever limited, denied or revoked your license, certification or registration to provide care, treatment or educational services? ➤ If Yes, explain, including when and where it happened.		
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? ➤ If Yes, explain, including when and where it happened and the reason.		
3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? ➤ If Yes, attach a copy of your discharge papers (DD214) if you were discharged within the past 3 years. ➤ You may be asked to provide a copy of your DD214 if your discharge occurred more than 3 years ago.		
4. Have you resided outside of Wisconsin in the last 3 years? ➤ If Yes, list each state and the dates you lived there.		
5. Have you had a caregiver background check done within the last 4 years? ➤ 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.		
6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health and Family Services, a county department, a private child placing agency, school board, or DHFS designated tribe? ➤ If Yes, list the review date and the review result. You may be asked to provide a copy of the review decision.		

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

I understand, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000.00 and other sanctions as provided in HFS 12.05 (4), Wis. Adm. Code.

YOUR SIGNATURE	Date Signed
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BACKGROUND INFORMATION DISCLOSURE INSTRUCTIONS

The Background Information Disclosure form (HFS64) gathers information as required by the Wisconsin Caregiver Background Check Law to help employers and governmental regulatory agencies make employment, contract, residency, and regulatory decisions. Complete and return the entire form and attach explanations as specified by employer or governmental regulatory agency.

CAREGIVER BACKGROUND CHECK LAW

In accordance with the provisions of sections 48.685 and 50.065 of the Wisconsin Statutes, for persons who have been convicted of certain acts, crimes or offenses:

1. The Department of Health and Family Services (DHFS) may not license, certify or register the person or entity (Note: Employers and Care Providers are referred to as "entities");
2. A county agency may not certify a day care or license a foster or treatment foster home;
3. A child placing agency may not license a foster or treatment foster home or contract with an adoptive parent applicant for a child adoption;
4. A school board may not contract with a licensed day care provider; and
5. An entity may not employ, contract with or permit persons to reside at the entity.

A list of barred crimes and offenses requiring rehabilitation review is available from the regulatory agencies or through the Internet at <http://www.dhfs.state.wi.us/> at the Licensing link and then under the Caregiver Program link.

THE CAREGIVER LAW COVERS THE FOLLOWING EMPLOYERS / CARE PROVIDERS (REFERRED TO AS "ENTITIES")

Programs Regulated Under Chapter 48 of Wisconsin Statute	Treatment Foster Care, Family Day Care Centers, Group Day Care Centers, Residential Care Centers for Children and Youth, Child Placing Agencies, Day Camps for Children, Family Foster Homes for Children, Group Homes for Children, Shelter Care Facilities for Children, and Certified Family Day Care.
Programs Regulated Under Chapters 50, 51, and 146 of Wisconsin Statute	Emergency Mental Health Service Programs, Mental Health Day Treatment Services for Children, Community Mental Health, Developmental Disabilities, AODA Services, Community Support Programs, Community Based Residential Facilities, 3-4 Bed Adult Family Homes, Residential Care Apartment Complexes, Ambulance Service Providers, Hospitals, Rural Medical Centers, Hospices, Nursing Homes, Facilities for the Developmentally Disabled, and Home Health Agencies – including those that provide personal care services.
Others	Day Care Providers contracted through Local School Boards

THE CAREGIVER LAW COVERS THE FOLLOWING PERSONS

- Anyone employed by or contracting with a covered entity who has access to the clients served, except if the access is infrequent or sporadic and service is not directly related to care of the client.
- Anyone who is a Day Care Provider who contracts with a School Board under Wisconsin Statute 120.13 (14).
- Anyone who lives on the premises of a covered entity and is 10 years old or over, but is not a client ("nonclient resident").
- Anyone who is licensed by DHFS.
- Anyone who has a foster home licensed by DHFS.
- Anyone certified by DHFS.
- Anyone who is a Day Care Provider certified by a county department.
- Anyone registered by DHFS.
- Anyone who is a board member or corporate officer who has access to the clients served.

FAIR EMPLOYMENT ACT

Wisconsin's Fair Employment Law, ss. 111.31 - 111.395, Wisconsin Statutes, prohibits discrimination because of a criminal record or pending charge; however, it is not discrimination to decline to hire or license a person based on the person's arrest or conviction record if the arrest or conviction is substantially related to the circumstances of the particular job or licensed activity.

PERSONALLY IDENTIFIABLE INFORMATION: This information is used to obtain relevant data as required by the provisions set forth by the Wisconsin Caregiver Background Check Law. Providing your social security number is voluntary, however your social security number is one of the unique identifiers used to prevent incorrect matches. For example, the Department of Justice uses social security numbers, names, gender, race, and date of birth to prevent incorrect matches of persons with criminal convictions. The Department of Health and Family Services' Caregiver Registry uses social security numbers as one identifier to prevent incorrect matches of persons with findings of abuse or neglect of a client or misappropriation of a client's property.