



20875 Crossroads Circle
Suite 400
Waukesha, WI 53186
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www.capricommunities.com

VOLUNTEER CANDIDATE APPLICATION

Thank you for your interest in Capri Communities. The information you provide will help us to place you in a volunteer position, which best suits your skills, interests, and the needs of our organization.

DATE OF APPLICATION: MM/DD/YYYY

CONTACT INFORMATION

NAME - LAST: FIRST: MI:

MAILING ADDRESS: STREET NAME AND UNIT NUMBER

CITY STATE ZIP CODE

HOME PHONE: CELL:

EMAIL ADDRESS:

CANDIDATE PROFILE

\*\*\*PLEASE NOTE THAT WE CANNOT ACCEPT VOLUNTEERS LESS THAN 16 YEARS OF AGE \*\*\*

OCCUPATION:

CURRENT EMPLOYER:

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR PLEADED NO CONTEST FOR ANY OFFENSE OR VIOLATION? YES NO IF YES, PLEASE EXPLAIN 1) NATURE OF CRIME, 2) DATE OF CONVICTION, AND 3) STATE IN WHICH CONVICTED.

Three horizontal lines for providing details on convictions.

ARE YOU A STUDENT?  YES  NO IF YES, SCHOOL NAME: \_\_\_\_\_

WHAT GRADE ARE YOU IN? \_\_\_\_\_

HAVE YOU DONE VOLUNTEER WORK AT ANOTHER ORGANIZATION?  YES  NO

IF YES, WHERE, WHEN AND WHAT DID YOU DO? \_\_\_\_\_

\_\_\_\_\_

LIST ANY HOBBIES OR INTERESTS: \_\_\_\_\_

\_\_\_\_\_

WHAT SKILLS, TRAINING OR KNOWLEDGE DO YOU WISH TO UTILIZE HERE? \_\_\_\_\_

\_\_\_\_\_

WHEN ARE YOU AVAILABLE TO VOLUNTEER? \_\_\_\_\_

\_\_\_\_\_

#### AREAS OF INTEREST (check up to four)

- |                                 |   |  |   |
|---------------------------------|---|--|---|
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Religious Activities | <input type="checkbox"/> Social Activities | <input type="checkbox"/> Exercise       |
| <input type="checkbox"/> Games  | <input type="checkbox"/> Office Assistance    | <input type="checkbox"/> Gardening         | <input type="checkbox"/> Other/Specify: |

#### EMERGENCY CONTACT INFORMATION

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL: \_\_\_\_\_

#### REFERENCES

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ NO. OF YEARS KNOWN: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ NO. OF YEARS KNOWN: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ NO. OF YEARS KNOWN: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Please write any additional information not covered in this form that you would like us to know.

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**VOLUNTEER APPLICANT STATEMENT AND SIGNATURE**

I CERTIFY THAT THE ANSWERS I HAVE GIVEN IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ACKNOWLEDGE THAT MISREPRESENTATION OR OMISSION OF ANY INFORMATION MAY BE A CAUSE FOR MY REJECTION FROM VOLUNTEER SERVICE OR MAY RESULT IN MY SUBSEQUENT DISMISSAL IF I AM ACCEPTED INTO VOLUNTEER SERVICE.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT NAME (PLEASE PRINT): \_\_\_\_\_

**EACH PARTICIPANT MUST HAVE A SIGNED "RELEASE AND WAIVER OF LIABILITY" ON FILE. PLEASE COMPLETE THE RELEASE AND WAIVER FORM AND SUBMIT IT ALONG WITH THIS APPLICATION. APPLICATION IS NOT VALID IF WAIVER IS NOT SIGNED. THANK YOU!**

## AUTHORIZATION, RELEASE AND WAIVER

**To ensure the safety of our employees and residents, all volunteer applicants 18 years of age and older must complete this section before the application can be processed. If an applicant is under the age of 18 years old, a parent or legal guardian must sign the Waiver of Liability (pages 5 and 6) on the applicant's behalf.**

### AUTHORIZATION AND RELEASE

All applicants (18 years of age and older) must read and agree below:

I agree not to publish or disclose to anyone outside of Capri Communities any confidential or business information or material from or regarding Capri Communities, its affiliate organizations or residents except with Capri Communities' written permission.

I agree to conform to the instructions, rules and policies as provided by Capri Communities. I understand that either the volunteer or the organization may at any time, for whatever reason, discontinue the volunteer service relationship.

I understand that as part of the volunteer application process, Capri Communities and the entities it serves will conduct a background check which could include a criminal background check on me. I hereby authorize Capri Communities and any of its affiliate organizations to conduct a criminal background check on me and to communicate the results of the criminal background check to Capri Communities. I understand that the criminal background check may be conducted by any one or more methods, including but without limitation, using government and private databases and services. I understand that a criminal background check may be undertaken at any time, and may be repeated from time-to-time, while I am associated with Capri Communities.

I hereby release and hold harmless Capri Communities, its affiliated organizations and their respective employees and agents from any and all liability whatsoever arising from or relating in any way to: any person or entity conducting the criminal background check, the disclosure of information resulting from the criminal background check, and any action which may be taken by any individual or entity based upon that information.

I understand that, given the sensitivity of the market that Capri Communities serves, a misdemeanor or felony conviction may or may not necessarily bar me from serving as a volunteer and it will be reported to and held confidentially by the management of the site at which I will be volunteering.

I have read and understand and commit to the terms stated above. I declare that my answers and all statements made by me herein are true and correct.

Yes, Capri Communities may use images of me, captured during resident activities or other related activities involved in my volunteerism, to be used solely for the purposes of promotional materials and public relations including its websites or community newsletters.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT NAME (PLEASE PRINT): \_\_\_\_\_

## WAIVER OF LIABILITY

To ensure the safety of our employees and residents, all volunteer applicants must complete this section before the application can be processed. If an applicant is under the age of 18 years old, a parent or legal guardian must sign the Waiver of Liability included below.

### PLEASE READ WAIVER CAREFULLY

This Release and Waiver of Liability (the "Release") executed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_ (the "Volunteer") in favor of CAPRI COMMUNITIES LLC, an organization that exists under the laws of the State of Wisconsin, its directors, officers, employees and agents (collectively, "CAPRI COMMUNITIES LLC").

I, the Volunteer, desire to work as a Community Volunteer and engage in the activities related to being a volunteer with CAPRI COMMUNITIES LLC.

I hereby freely and voluntarily, without duress, execute this Release under the following terms:

- 1. Waiver and Release.** I, the Volunteer, release and forever discharge and hold harmless CAPRI COMMUNITIES LLC and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my work for CAPRI COMMUNITIES LLC.

I understand and acknowledge that this Release discharges CAPRI COMMUNITIES LLC any liability or claim that I, the Volunteer, may have against CAPRI COMMUNITIES LLC with respect to any bodily injury, personal injury, illness, death or property damage that may result from my participation as a Community Volunteer for CAPRI COMMUNITIES LLC, whether caused by the negligence of CAPRI COMMUNITIES LLC or its directors, officers, employees, or agents or otherwise. I also understand that CAPRI COMMUNITIES LLC does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage (see insurance requirements below).

- 2. Insurance.** I, the Volunteer, understand that, except as otherwise agreed to by CAPRI COMMUNITIES LLC in writing, CAPRI COMMUNITIES LLC does not carry or maintain health, medical or disability insurance coverage for any volunteer.
- 3. Medical Treatment.** Except as otherwise agreed to by CAPRI COMMUNITIES LLC in writing, I hereby release and forever discharge CAPRI COMMUNITIES LLC from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time with CAPRI COMMUNITIES LLC.
- 4. Assumption of the Risk.** I hereby expressly and specifically assume the risk of injury or harm in all activities performed during my service and release CAPRI COMMUNITIES LLC from all liability for injury, illness, death or property damage resulting from the activities of my time with CAPRI COMMUNITIES LLC.

5. **Photographic Release.** I grant and convey unto CAPRI COMMUNITIES LLC all right, title, and interest in any and all photographic images and video or audio recordings made by CAPRI COMMUNITIES LLC during my work for CAPRI COMMUNITIES LLC, including but not limited to any royalties, proceeds, or other benefits derived from such photographs or recordings.
6. **Other.** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Wisconsin in the United States of America, and that this Release shall be governed by and interpreted in accordance with such laws. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

To express my understanding of this Release, I sign here with a witness.

VOLUNTEER NAME (PLEASE PRINT): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT OR LEGAL GUARDIAN NAME (PLEASE PRINT): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(If Volunteer is under the age of 18 years old, a parent or legal guardian must also sign.)

WITNESS NAME (PLEASE PRINT): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## **DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

Capri Communities ("the Company") may obtain information about you for employment purposes from the following consumer reporting agency ("the Agency"). InCheck, Inc., 7500 W State Street, Suite 200, Wauwatosa, WI 53213, Phone: 866-265-9426, Fax: 414-727-5510, or from another outside organization. The Agency's privacy policy can be found at <http://incheck.net/privacy-policy.pdf>.

Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. These reports may include, but are not limited to, checks regarding your criminal history, social security trace, employment and education references, driving history, professional licenses and credentials. Credit history will be requested only in accordance with applicable law. These reports may contain information regarding your use of social media, and other publicly accessible information. Social media includes, but is not limited to, social networking websites (i.e., Facebook and others), professional networking websites (i.e., LinkedIn and others), blogs, and other online media.

You have the right, upon written request made within a reasonable time after receipt of this notice, to ask the Company to disclose the nature and scope of any investigative consumer report. You also may request a copy of that report from the Company. If anyone other than the Agency furnishes an investigative consumer report, the Company will provide relevant contact information within five business days of your request. An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without personal interviews). Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by the Agency. The scope of this disclosure and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING]

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the procurement of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by InCheck, Inc., 7500 W State Street, Suite 200, Wauwatosa, WI 53213, Phone: 866-265-9426, Fax: 414-727-5510, <http://incheck.net/privacy-policy.pdf>, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

\_\_\_\_\_  
Last Name                                      First Name                                      Middle

\_\_\_\_\_  
Signature                                      Date

\_\_\_\_\_  
Please print other names you have used                                      Date of Birth                                      /                                      /

\_\_\_\_\_  
Driver's License Number                                      State                                      Social Security Number                                      /                                      /

Present  
Address \_\_\_\_\_  
   Street                                      City                                      County                                      State                                      ZIP

PREVIOUS ADDRESSES (Please list additional cities/counties where you have lived in the past seven years)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**BACKGROUND INFORMATION DISCLOSURE (BID)  
INSTRUCTIONS**

The Background Information Disclosure form (F-82064) 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. **NOTE:** If you are an owner, operator, board member, or non client resident of a Division of Quality Assurance (DQA) facility, complete the BID, F-82064, and the [Appendix, F-82069](#), and submit both forms to the address noted in the Appendix Instructions.

**CAREGIVER BACKGROUND CHECK LAW**

In accordance with the provisions of Chapters 48.685 and 50.065, Wis. Stats., for persons who have been convicted of certain acts, crimes, or offenses:

1. The Department of Health Services (DHS) 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 child 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 child care provider; and
5. An entity may not employ, contract with or, permit persons to reside at the entity.

The list of offenses affecting caregiver eligibility that require rehabilitation review is available from the regulatory agencies or through the Internet at <http://DHS.wisconsin.gov/caregiver/StatutesINDEX.HTM>.

**THE CAREGIVER LAW COVERS THE FOLLOWING EMPLOYERS / CARE PROVIDERS (Referred to as "Entities"):**

Programs Regulated under Chapter 48, Wis. Stats.	Treatment Foster Care, Family Child Care Centers, Group Child 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 Child Care.
Programs Regulated under Chapters 50, 51, and 146, Wis. Stats.	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	Child 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 Child 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 DHS.
- Anyone who has a foster home licensed by DHS.
- Anyone certified by DHS.
- Anyone who is a Child Care Provider certified by a county department.
- Anyone registered by DHS.
- Anyone who is a board member or corporate officer who has access to the clients served.

**FAIR EMPLOYMENT ACT**

Wisconsin's Fair Employment Law, Chapters 111.31 - 111.395, Wis. Stats., 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 Services' Caregiver Misconduct 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.

**BACKGROUND INFORMATION DISCLOSURE (BID)**

Completion of this form is required under the provisions of Chapters 48.685 and 50.065, Wis. Stats. 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 instructions (F-82064A) on page 1 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:

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

Name – (First and Middle)	Name – (Last)	Position Title (Complete only if you are a prospective employee or contractor, or a current employee or contractor.)	
Any Other Names By Which You Have Been Known (Including Maiden Name)		Birth Date	Gender (M / F)
Race			
<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Black	<input type="checkbox"/> Unknown
<input type="checkbox"/> Asian or Pacific Islander		<input type="checkbox"/> White	
Address		Social Security Number(s)	
Business Name and Address - Employer or Care Provider (Entity)			

SECTION A - ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
1. Do you have any criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local, military and tribal courts? ➤ If <b>Yes</b> , 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.	<input type="checkbox"/>	<input type="checkbox"/>
2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10 <sup>th</sup> 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 <b>Yes</b> , 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.	<input type="checkbox"/>	<input type="checkbox"/>
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 <b>Yes</b> , explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? ➤ If <b>Yes</b> , explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>

(continued on next page)

<b>SECTION A (continued)</b>	<b>YES</b>	<b>NO</b>
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.	<input type="checkbox"/>	<input type="checkbox"/>
6. Has any government or regulatory agency (other than the police) ever found that you abused an elderly person? ➤ If Yes, explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
<b>SECTION B – OTHER REQUIRED INFORMATION</b>	<b>YES</b>	<b>NO</b>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? ➤ If yes, indicate the year of discharge: _____ ➤ Attach a copy of your DD214 if you were discharged within the last 3 years.	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you resided outside of Wisconsin in the last 3 years? ➤ If Yes, list each state and the dates you lived there.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
6. 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? ➤ If Yes, list the review date and the review result. You may be asked to provide a copy of the review decision.	<input type="checkbox"/>	<input type="checkbox"/>

**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 DHS 12.05 (4), Wis. Adm. Code.

<b>PRINT NAME – Required Individual</b>	Date Submitted
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