



YMCA CAMP Y-KODA

Volunteer Assistant Counselor Information & Application

Dear Volunteer Applicant and Parent,

Thank you for your interest in YMCA Camp Y-Koda's Volunteer Assistant Counselor Program. The purpose of this letter is to help both the applicant and the parent understand more about the program and our expectations of being an Assistant Counselor Volunteer.

ELIGIBILITY

In order to be considered, applicants must complete the 2024 mandatory pre-camp training, to learn expectations and duties, and must be 14 years old or older (must be age 14 by June 10, 2024). While it is not required, we highly recommend enrolling for the Counselor-in-Training Camp being offered this summer. In this camp, they will learn additional information to help them in the role as a volunteer and the pre-camp training is built into the curriculum. We also suggest applicants have attended Y Day Camp in the past or have previous experience working with children.

Any child who volunteered in the past, please contact the assistant summer camp director for information and the steps on volunteering again.

VOLUNTEER PROGRAM SCHEDULE

The Volunteer Program takes place throughout the summer coinciding with regular camper sessions and hours. Volunteers must participate every day of the session from 8:30am-4:30pm. With prior approval, volunteers can attend for 1/2 a day or occasional hours during summer if requested.

Volunteer schedules will be created based on availability. An email will be sent out to all volunteers with the summer schedule. Please note that your availability does not mean you will be scheduled for every available week.

LETTER FROM THE ASSISTANT CAMP DIRECTOR

Please be aware that space is limited and not all applicants will be accepted into the Assistant Counselor Volunteer program. Communication regarding the application process and the program should be between applicant and the camp director and assistant director. The most successful applicants treat the application and hiring process just like any job application. Parents should feel free to help in certain ways, like guiding the applicant in selecting references and helping them learn to professionally apply and interview. At the same time, please remember we seek candidates who are independent, mature and self-motivated. It is our hope that parents help cultivate these traits by allowing their teens to take full responsibility of their volunteer application.

Our goals are that applicants will be accepted into the Assistant Counselor Volunteer Program and gain valuable experience in this job application and interview process. And that we want all of our volunteers to gain skills that are applicable not only to being a camp counselor but to other aspects of life.

To the applicant: Thank you for applying to be an Assistant Counselor Volunteer, and please do not hesitate to call or email me if you have any questions or concerns. I look forward to hearing from you!

Sincerely,

Dani Roscovius, Assistant Summer Camp Director

YMCA CAMP Y-KODA: VOLUNTEER PACKET

ARE YOU READY TO BE A VOLUNTEER? Applicants should ask themselves the following questions:

- Do I have sincere desire to work with children?
- Is an out-of-doors work experience right for me?
- Do I have the desire to develop and improve my leadership ability?
- Am I ready to put campers needs ahead of my own?
- Am I ready to become a role model for younger children?
- Do I enjoy learning in a hands-on environment?
- Am I ready to create camp magic?
- Do I have the ability to work well with others in a variety of situations?

If the applicant answered yes to the above questions, the Assistant Counselor Volunteer program may be an opportunity to gain valuable experience in a fun-filled environment.



YMCA CAMP Y-KODA: VOLUNTEER PACKET

Assistant Counselor Volunteer Information

The Assistant Counselor Volunteer Program offers countless opportunities to interact with children, lead activities and participate in camp programs. Volunteers fulfill many different roles at YMCA Camp Y-Koda's Day Camp. Volunteers must have a sincere desire to become strong leaders, a wish to give back to the camp community, a strong work ethic, lots of energy and creativity, a positive attitude and the ability to put children's needs ahead of their own.

TRAINING

The objective of this Volunteer Program is to better prepare the participants to be future leaders, in or out of the camp setting. This is done through hands-on experiences, guidance from staff members and, of course, training. Our camp requires all volunteers to partake in the mandatory pre-camp training to learn the expectations and duties of an Assistant Counselor Volunteer.

Although it is not required, we highly recommend enrolling into our CIT Camp (June 10 -14, 2024). In the CIT Camp, our participants will receive the mandatory pre-camp training and in addition learn ice breakers & games, communication & teamwork, and the mission of the YMCA and Camp Y-Koda. For more information and to register for CIT Camp, please see and complete the registration forms in our 2024 Summer Camp Brochure, located on our website.



CHALLENGES OF THE ASSISTANT COUNSELOR VOLUNTEER PROGRAM

The Assistant Counselor Volunteer Program is challenging for young people on many levels. First, it takes a large amount of energy and dedication to complete all of the daily tasks and responsibilities of an Assistant Counselor Volunteer and maintain a positive attitude. Second, it is a transition time. Participants are no longer campers and must be willing to be a constant role model, placing the camper's needs ahead of their own. Finally we challenge each volunteer to push him or herself to achieve their personal goals.

RETURNING VOLUNTEER'S

Please contact the assistant camp director for the steps to volunteering in 2024.

APPLICATION PROCESS

STEP ONE: Volunteer applications must be submitted by Friday, June 14, 2024 (last day of CIT camp). However, the earlier the better. We are asking that applicants submit two letters of recommendation with their application. Teachers, coaches, mentors, religious leaders and employers are all excellent choices. We do not recommend letters from family members or relatives. The application is located after this letter. To submit, the application and letters may be dropped off at Camp Y-Koda or scanned and emailed to Dani Roscovius at droscovius@sheboygancountyyymca.org.

STEP TWO: After references have been checked, an interview may be conducted & required at Camp Y-Koda. If an interview is required, a staff member will contact the volunteer applicant to set up a day & time. Applicants who are unable to make it to the person will have the opportunity to set up a phone or Zoom interview at that time.

STEP THREE: After the application, letters of recommendation, and interview: placement decisions will be made. Placement decisions will be made 2 weeks after all applicant interviews have been completed. An acceptance letter will be sent to the applicant via email.

YMCA CAMP Y-KODA: VOLUNTEER PACKET

PART A: Assistant Counselor Volunteer Application

APPLICATION DEADLINE: Friday, June 14, 2024

Full Name: _____ Male/Female: ____ Todays Date: __/__/__

Address: _____ Phone: _____ Date of Birth: __/__/__

Age: _____ Grade: _____ School: _____

Email: _____

Parent Name: _____ Parent Phone: _____

Parent Email: _____

Check if you have been a member or participated in any of the following activities:

<input type="checkbox"/>	Girl/Boy Scouts	<input type="checkbox"/>	Drama
<input type="checkbox"/>	Band or Choir	<input type="checkbox"/>	Dance Lessons
<input type="checkbox"/>	Y-Koda Volunteer Program	<input type="checkbox"/>	Sports
<input type="checkbox"/>	Summer Day Camp	<input type="checkbox"/>	Student Council
<input type="checkbox"/>	Summer Resident/Overnight Camp	<input type="checkbox"/>	Honor Society
<input type="checkbox"/>	Summer Adventure Trips	<input type="checkbox"/>	Photography
<input type="checkbox"/>	Volunteered at Camp	<input type="checkbox"/>	Yearbook/Journalism
<input type="checkbox"/>	Off-Season Overnights	<input type="checkbox"/>	Fundraisers
<input type="checkbox"/>	Leaders in Training Camp	<input type="checkbox"/>	Church Youth Group
<input type="checkbox"/>	C.I.T. Camp	<input type="checkbox"/>	Other: _____

Explain why you are part of the activities that you checked:

Please explain the experiences you have had with children ages 4-13 (ex: Babysitting, Brothers/Sisters, Neighbors): _____

What leadership activities have you participated in previously?

YMCA CAMP Y-KODA: VOLUNTEER PACKET

PART B: Questions

On a separate sheet of paper please TYPE the answers to the following questions:

1. Why do you want to become (or return as) a Assistant Counselor Volunteer?
2. What do you think it means to be a leader?
3. Why do you think you will be a good leader?
4. What is an accomplishment you are most proud of?
5. In what positive way would you like to change as a person?
6. What is your favorite thing about camp?

PART C: Attach Two letters of Recommendation

Please list the names of the individuals that wrote your letters and their relationship to you.

Name: _____

Relationship (ex: teacher, coach, etc.): _____

Name: _____

Relationship (ex: teacher, coach, etc.): _____



YMCA CAMP Y-KODA: VOLUNTEER PACKET

PART D: Assistant Counselor Volunteer Character Contract

THE YMCA DAY CAMP CHARACTER CONTRACT

The goal of our Day Camp Program is to provide an atmosphere for children to develop a variety of satisfying skills and relationships, while enjoying healthy activities. Throughout the summer we continue with our Character Development mission to develop Caring, Honesty, Respect, and Responsibility among our campers.

- **APPROPRIATE CONVERSATIONS:** Volunteers will not be allowed to discuss inappropriate topics or contribute to demeaning conversations about other campers or staff.
- **APPROPRIATE LANGUAGE:** Volunteers must refrain from using obscene language or gestures for any reason.
- **APPROPRIATE ACTIONS:** Volunteers will work with children appropriately meaning they will not show favoritism, will treat children fairly, regardless of their background, and will remain within sight and sound of their mentor counselor. (Volunteers may not use the same bathroom at the same time as campers or counselors).
- **APPROPRIATE CONTACT:** Physical contact between volunteers and children and staff will remain appropriate. Examples of positive physical contact include high-fives, fist bumps, handshakes, and child-initiated side hugs. Examples of inappropriate physical contact include lap sitting, carrying, piggy back rides, and campers "climbing" on volunteers.
- **RESPECT:** When asked to do or not do something, a volunteer needs to follow directions the first time given. This is for the safety of all campers, staff, and volunteers. Please speak to staff and others with Respect.
- **PLAY:** We require volunteers to have fun and participate 100% of the time. Negative attitudes can ruin the camp experience for yourself and others.
- **RESPONSIBILITY:** All volunteers need to remain with their group and within sight and sound of their mentor counselor. This applies while we are here on the YMCA grounds, on off-site field trips, on the camp bus, and on other YMCA grounds. We want volunteers to be safe at all times.
- **CARING:** It is important to use and care for equipment, toys and games properly so that others can enjoy them. Volunteers will care for the property of the YMCA, of other campers, of other volunteers and of the YMCA staff.

The above guidelines have been read and discussed.

Date: _____

Signature of Volunteer Applicant: _____

Parent/Guardian Signature: _____

YMCA CAMP Y-KODA: VOLUNTEER PACKET

Return the following information completed to the address listed below:

- A. Assistant Counselor Volunteer Application**
- B. Two Letters of Recommendation**
- C. Typed Questions**
- D. Assistant Counselor Character Contract**
- E. Volunteer Application and Acknowledgement**
- F. 2024 Summer Availability Sheet**

Mail, drop off at YMCA Camp Y-Koda, or Scan Applications to:

YMCA Camp Y-Koda
ATTN: Dani Roscovius
W3340 Sunset Road
Sheboygan Falls, WI 53085
droscovius@sheboygancountymmca.org



NAME: _____

PARENT NAME: _____

PARENT SIGNATURE: _____

Please indicate your availability below by marking an "X" on the week(s) you would like to volunteer. Please specify if you can help the whole week, or certain days you're available. Any "x" placed on the weeks and days do not guarantee you will be working those dates. An email will be sent out regarding volunteer schedules.

If your schedule changes or if you'd like to add more days, please email Dani at droscovius@sheboygancountyyymca.org.

2024 Summer Camp Volunteer Availability Sheet

Week 1: June 10-14	<input type="checkbox"/> Full Week <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Week 2: June 17-21	<input type="checkbox"/> Full Week <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Week 3: June 24-28	<input type="checkbox"/> Full Week <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Week 4: July 1-3	<input type="checkbox"/> Full Week <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday (No Camp Thursday & Friday)
Week 5: July 18-12	<input type="checkbox"/> Full Week <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Week 6: July 15-19	<input type="checkbox"/> Full Week <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Week 7: July 22-26	<input type="checkbox"/> Full Week <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Week 8: July 29-August 2	<input type="checkbox"/> Full Week <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Week 9: August 5-9	<input type="checkbox"/> Full Week <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Week 10: August 12-16	<input type="checkbox"/> Full Week <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Week 11: August 19-23	<input type="checkbox"/> Full Week <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Week 12: August 26-30	<input type="checkbox"/> Full Week <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday

Notes:

Once finished, please return to Dani Roscovius, Assistant Summer Camp Director at YMCA Camp Y-Koda. This form may be returned back via electronically by email (a JPEG or PDF works fine) or sent in the mail to: W3340 Sunset Road, Sheboygan Falls, WI 53085.

SHEBOYGAN COUNTY YMCA VOLUNTEER ACKNOWLEDGEMENT
PLEASE READ CAREFULLY BEFORE SIGNING

IF VOLUNTEER IS AT LEAST 18 YEARS OLD, VOLUNTEER MUST READ AND SIGN BELOW:

I understand as a volunteer, I am not an employee of the Sheboygan County YMCA and understand and agree that I will not receive any compensation or benefit nor be eligible for any coverage under the Wisconsin Workers Compensation Laws.

I HAVE CAREFULLY READ THE FOREGOING STATEMENT, UNDERSTAND ITS CONTENTS, AND ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR ANY INJURIES INCURRED WHILE VOLUNTEERING WITH THE SHEBOYGAN COUNTY YMCA.

Printed Name of Volunteer

Signature of Volunteer

Date

Emergency Contact: _____
Name

Telephone

IF VOLUNTEER IS UNDER 18 YEARS OLD, PARENTS MUST READ AND SIGN BELOW:

I understand as my minor child is a volunteer, my minor child is not an employee of the Sheboygan County YMCA and understand and agree that my minor child will not receive any compensation or benefit nor be eligible for any coverage under the Wisconsin Workers Compensation Laws.

I HAVE CAREFULLY READ THE FOREGOING STATEMENT, UNDERSTAND ITS CONTENTS, AND ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR ANY INJURIES INCURRED BY MY MINOR CHILD WHILE HE OR SHE IS VOLUNTEERING WITH THE SHEBOYGAN COUNTY YMCA.

Both Parents/Guardians must sign:

Printed name of Parent/Guardian

Signature of Parent/Guardian

Date

Printed name of Parent/Guardian

Signature of Parent/Guardian

Date

Emergency Contact: _____
Name

Telephone

SHEBOYGAN COUNTY YMCA VOLUNTEER APPLICATION



Thank you for considering the YMCA as a place to donate your time and talents. Volunteers are vital to the YMCA. Without them, we wouldn't be able to meet the needs of the kids, families, and adults who live in the area.

At the YMCA, we know that your time and talent are precious, and we want every minute you spend with us to be worthwhile. That's why we're asking you to take a few minutes to fill out this application. We hope you will understand that, unfortunately, there are a few people who apply for volunteer jobs at the YMCA for the wrong reasons. The YMCA, however, makes an active effort to prevent abuse. So even though we may know you well, we reserve the right to conduct appropriate background checks on all volunteers based on position and duties. It's just one of the many ways we help protect children and other vulnerable people served by the YMCA.

Thanks for your cooperation in this effort and your interest in the YMCA. If you have any questions, please contact the Human Resources Manager at (920) 451-8004, Ext. 140.

Name _____ Date _____
Last, First, MI

Email _____

Address _____
Street City State Zip

How long have you been at this address? _____ Phone No. _____

Birth Date _____
Month/Date/Year

Are there other names under which you have worked or attended school? _____ Yes _____ No
If yes, please list for background checking purposes _____

Have you ever been convicted of a crime (felony or misdemeanor)? _____ Yes _____ No
If yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted.

For what type of volunteer service are you applying? _____

I certify that all statements made by me on this application are true to the best of my knowledge and that I have withheld nothing that would, undisclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for volunteer service or, after my service begins, may be cause for termination.

I do hereby proclaim that I have never been convicted of or reported for abuse, neglect, sexual assault, or a related charge, against a child as defined in the Wisconsin Statute. Furthermore, I am aware of the Wisconsin Statute, which states that intentionally/willfully placing a child in a position of danger when intent to commit harm to said child, or placing child in a position of mistrust to include any sexual misconduct with a child, is punishable by law. I also understand that the Administrative staff of the YMCA is required to report any such misconduct to the proper authorities. Such misconduct will be grounds for immediate suspension and possible prosecution and termination.

Signature _____ Date _____

Signature of Parent or Guardian if under 18 _____

BACKGROUND CHECK REQUEST

This form is required to request a background check under the provisions of Wis. Stat. § 48.686 and Wis. Admin. Code § DCF 13.03 for licensure, certification, employment or residency at a child care center. Failure to complete this form may result in a delay processing your application, adding a household member, or determining eligibility for employment.

Providing your social security number is voluntary. However, not providing it could delay the background check process. The personal information you provide may be used for secondary purposes [Privacy Law, Wis. Stat. §15.04(1)(m)].

PLEASE PRINT OR TYPE YOUR ANSWERS. ATTACH ADDITIONAL PAGES IF NEEDED.

SECTION A – INDIVIDUAL’S DETAILS *Asterisked items are required fields.

*First Name		Middle Name	*Last Name																										
Alias Names (Including Maiden Name)			Email Address																										
*Primary Phone Number	*Primary Phone Type <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Secondary Phone Number	Secondary Phone Type <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work																									
Social Security Number	*Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		*Birth Date (mm/dd/yyyy)																										
Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Unknown <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Other – More Than One Category																													
*Language <table border="0"><tr><td><input type="checkbox"/> Albanian</td><td><input type="checkbox"/> Chinese</td><td><input type="checkbox"/> Greek</td><td><input type="checkbox"/> Norwegian</td><td><input type="checkbox"/> Spanish</td></tr><tr><td><input type="checkbox"/> Arabic</td><td><input type="checkbox"/> English</td><td><input type="checkbox"/> Hmong</td><td><input type="checkbox"/> Other –</td><td><input type="checkbox"/> Swedish</td></tr><tr><td><input type="checkbox"/> Bosnian / Croatian / Serbian</td><td><input type="checkbox"/> Farsi</td><td><input type="checkbox"/> Italian</td><td><input type="checkbox"/> Polish</td><td><input type="checkbox"/> Thai</td></tr><tr><td><input type="checkbox"/> Burmese</td><td><input type="checkbox"/> French</td><td><input type="checkbox"/> Korean</td><td><input type="checkbox"/> Russian</td><td><input type="checkbox"/> Ukrainian</td></tr><tr><td><input type="checkbox"/> Cambodian</td><td><input type="checkbox"/> German</td><td><input type="checkbox"/> Laotian</td><td><input type="checkbox"/> Somali</td><td><input type="checkbox"/> Vietnamese</td></tr></table>					<input type="checkbox"/> Albanian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Greek	<input type="checkbox"/> Norwegian	<input type="checkbox"/> Spanish	<input type="checkbox"/> Arabic	<input type="checkbox"/> English	<input type="checkbox"/> Hmong	<input type="checkbox"/> Other –	<input type="checkbox"/> Swedish	<input type="checkbox"/> Bosnian / Croatian / Serbian	<input type="checkbox"/> Farsi	<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Thai	<input type="checkbox"/> Burmese	<input type="checkbox"/> French	<input type="checkbox"/> Korean	<input type="checkbox"/> Russian	<input type="checkbox"/> Ukrainian	<input type="checkbox"/> Cambodian	<input type="checkbox"/> German	<input type="checkbox"/> Laotian	<input type="checkbox"/> Somali	<input type="checkbox"/> Vietnamese
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<input type="checkbox"/> Cambodian	<input type="checkbox"/> German	<input type="checkbox"/> Laotian	<input type="checkbox"/> Somali	<input type="checkbox"/> Vietnamese																									
*Check the role that best applies to you: <table border="0"><tr><td><input type="checkbox"/> Administrative Staff</td><td><input type="checkbox"/> Facilities Staff</td><td><input type="checkbox"/> Minor Employee (under age 18)</td><td><input type="checkbox"/> Student Teacher</td></tr><tr><td><input type="checkbox"/> Administrator</td><td><input type="checkbox"/> Household Member (18 or older)</td><td><input type="checkbox"/> Other Caregiver</td><td><input type="checkbox"/> Teacher – Assistant</td></tr><tr><td><input type="checkbox"/> Applicant / Licensee</td><td><input type="checkbox"/> Household Member (under age 18)</td><td><input type="checkbox"/> Other Non-caregiver</td><td><input type="checkbox"/> Teacher – Lead</td></tr><tr><td><input type="checkbox"/> Director</td><td><input type="checkbox"/> Human Resources</td><td><input type="checkbox"/> Provider</td><td><input type="checkbox"/> Teacher – Substitute</td></tr><tr><td><input type="checkbox"/> Director – Assistant</td><td><input type="checkbox"/> Kitchen Staff</td><td><input type="checkbox"/> Site Supervisor</td><td><input type="checkbox"/> Trainer</td></tr><tr><td></td><td></td><td><input type="checkbox"/> Student Intern</td><td><input type="checkbox"/> Volunteer</td></tr></table>					<input type="checkbox"/> Administrative Staff	<input type="checkbox"/> Facilities Staff	<input type="checkbox"/> Minor Employee (under age 18)	<input type="checkbox"/> Student Teacher	<input type="checkbox"/> Administrator	<input type="checkbox"/> Household Member (18 or older)	<input type="checkbox"/> Other Caregiver	<input type="checkbox"/> Teacher – Assistant	<input type="checkbox"/> Applicant / Licensee	<input type="checkbox"/> Household Member (under age 18)	<input type="checkbox"/> Other Non-caregiver	<input type="checkbox"/> Teacher – Lead	<input type="checkbox"/> Director	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Provider	<input type="checkbox"/> Teacher – Substitute	<input type="checkbox"/> Director – Assistant	<input type="checkbox"/> Kitchen Staff	<input type="checkbox"/> Site Supervisor	<input type="checkbox"/> Trainer			<input type="checkbox"/> Student Intern	<input type="checkbox"/> Volunteer	
<input type="checkbox"/> Administrative Staff	<input type="checkbox"/> Facilities Staff	<input type="checkbox"/> Minor Employee (under age 18)	<input type="checkbox"/> Student Teacher																										
<input type="checkbox"/> Administrator	<input type="checkbox"/> Household Member (18 or older)	<input type="checkbox"/> Other Caregiver	<input type="checkbox"/> Teacher – Assistant																										
<input type="checkbox"/> Applicant / Licensee	<input type="checkbox"/> Household Member (under age 18)	<input type="checkbox"/> Other Non-caregiver	<input type="checkbox"/> Teacher – Lead																										
<input type="checkbox"/> Director	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Provider	<input type="checkbox"/> Teacher – Substitute																										
<input type="checkbox"/> Director – Assistant	<input type="checkbox"/> Kitchen Staff	<input type="checkbox"/> Site Supervisor	<input type="checkbox"/> Trainer																										
		<input type="checkbox"/> Student Intern	<input type="checkbox"/> Volunteer																										
*Physical Home Address																													
Address		City	County / Tribe	State Zip Code																									
*Mailing Address <input type="checkbox"/> Check here if same as physical address. NOTE: Confidential information will be sent to this address.																													
Address		City	County / Tribe	State Zip Code																									

List the name and address of the agency or program to receive background check eligibility information—for example, child care center, potential employer, licensing or certifying agency, higher education institution, etc. (optional)

Continue to the next page.

SECTION B – BACKGROUND INFORMATION	YES	NO
1. Have you been discharged in the last three years from a branch of the U.S. Armed Forces, including reserves duty? ➤ If yes, indicate the year of discharge in the space below and attach a copy of your DD 214 – Certificate of Release or Discharge from Active Duty or other discharge papers.	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you currently reside outside of, or have you in the last five years resided outside of, Wisconsin? ➤ If yes, list each state including counties and the dates you lived there. If you lived outside the US, list the city, country and dates. Attach a separate page if necessary.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services or the Department Children and Families, a county department, a private child placing agency, school board, or tribe? ➤ If yes, provide all of the following information and attach a copy of the review decision. Attach additional pages if necessary. <ul style="list-style-type: none"> • Date of the rehabilitation review • Result of the review • Agency that conducted the review 	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any pending criminal charges, or were you convicted of any crime? Include all offenses in federal, state, county, local, military, and tribal courts. ➤ If yes, provide all of the following information for each conviction or pending charge: <ul style="list-style-type: none"> • Description of the conviction or charge • Date the incident occurred (month and year) • Location where the incident occurred (city and state) • Date of the arrest or conviction if applicable • Location of the court (city and state) • Type of jurisdiction (federal, state, county, local, military or tribal) <p>Note: 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.</p>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were you ever adjudicated delinquent by a court of law or tribal court when you were aged 10 to 17 years old? Include all offenses in federal, state, county, local, military, and tribal courts. ➤ If yes, provide all of the following information for each offense: <ul style="list-style-type: none"> • Description of the crime or offense • Date the incident occurred (month and year) • Location where the incident occurred (city and state) • Location of the court (city and state) <p>Note: 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.</p>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you currently, or have you ever been, required to be registered on a national, state, or tribal sex offender registry? ➤ If yes, provide all of the following information: <ul style="list-style-type: none"> • Location of the registry • Reason for registration • Length of time required to be registered 	<input type="checkbox"/>	<input type="checkbox"/>

Continue to the next page.

SECTION B – BACKGROUND INFORMATION (continued)	YES	NO
<p>7. Are you currently the subject of an investigation or has there ever been a finding against you for abuse, neglect or misappropriation (theft) of property of a child, adult, or elderly person?</p> <p>➤ If yes, provide all of the following information for each incident:</p> <ul style="list-style-type: none"> • Explanation of the incident • Date the incident occurred (month and year) • Location where the incident occurred (city and state) • Name of the agency that is conducting the investigation or has made the finding 	<input type="checkbox"/>	<input type="checkbox"/>
<p>8. Do you have a government issued credential or license that is not current or is limited as to restrict you from providing care to clients? Examples of credentials or licenses include foster care, nurse, teacher, real estate, child care license, or certification.</p> <p>➤ If yes, provide all of the following information for each limitation or restriction:</p> <ul style="list-style-type: none"> • Credential name • Explanation of the situation • Limitations or restrictions placed on the credential • Time period of the limitations or restrictions 	<input type="checkbox"/>	<input type="checkbox"/>

Note: A “NO” answer to all questions in Section B does not guarantee eligibility for employment, residency, or regulatory approval.

SECTION C – SIGNATURE INFORMATION

1. Sign Here If You Are Completing This Form on Behalf of Another Person

I understand that by signing below, to the extent I am providing this information about someone else, I am certifying that I have made a complete and diligent inquiry regarding the truthfulness and completeness of this statement and I believe this information to be accurate. I understand that by knowingly providing false information or omitting information I may be subject to forfeitures and other sanctions as provided by law.

Print Full Name

Signature

Date Signed

2. Sign Here If You Are Completing This Form for Yourself

I understand that by signing below I am attesting, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge. I understand that knowingly providing false information or omitting information may result in me not being eligible to hold a license or certificate to operate, reside at or be employed at a child care center, and that I may be subject to forfeitures and other sanctions as provided by law.

Print Full Name

Signature

Date Signed