

# **Crivitz Rescue Squad, Inc.**

## **Application for Membership**



**Crivitz Rescue Squad, Inc. is a privately owned organization operated by its general membership. The process of selecting new members is discussed by our agency as a whole. We therefore require each new applicant to abide by the following application process:**

1. Complete and return the attached Application for Membership and background check forms.
2. Crivitz Rescue's Board of Directors will perform a comprehensive background check (criminal history, traffic records, caregiver background check, employment references, and etc.) If the results of the background check are unsatisfactory, the application process will be terminated at this phase.
3. New applicants will be introduced to the membership at the first meeting held following the submission of their application. Upon completing their introduction and discussion, if any, the applicant will be excused from the meeting. A new application will not be presented to the membership unless the applicant is present for introduction, unless prior approval from the Board of Directors is obtained.
3. After the application is presented to the membership, the applicant will immediately be enrolled in the "Ride-Along" program. This will give the applicant the opportunity to meet the members of our agency and become exposed to our operations.
4. The application is presented for a general membership vote on the second meeting following the initial application submission. The Crivitz Rescue Squad Operations Manager will notify the applicant of the group's decision as soon as possible after the second meeting.

**The Crivitz Rescue Squad meets regularly  
every fourth Monday of every month at 6 PM.**

Introduction meeting date and time is: \_\_\_\_\_



# Crivitz Rescue Squad, Inc.

## Application for Membership

Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Full Name: \_\_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Describe any illness or physical limitations/disability that could potentially hamper your performance during a rescue squad call:

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Are you willing to take a physical examination? Yes \_\_\_\_ No \_\_\_\_

Name of family physician: \_\_\_\_\_

Do you have a current CPR card? Yes \_\_\_\_ No \_\_\_\_

Do you have any Medical or First Aid Training? Yes \_\_\_\_ No \_\_\_\_

If so what kind: \_\_\_\_\_

*Please attach any copies of licenses or cards from medical trainings*

Drivers license # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have any restrictions on your license? Yes \_\_\_\_ No \_\_\_\_

If yes, explain: \_\_\_\_\_

Have you ever had any accidents or traffic citations in the past five years?

Yes \_\_\_\_ No \_\_\_\_ If yes, explain: \_\_\_\_\_

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**Employment History:**

Are you currently employed: Yes \_\_\_ No \_\_\_  
If so may we contact your employer: Yes \_\_\_ No \_\_\_  
Could you leave work to go on squad calls? Yes \_\_\_ No \_\_\_

Please describe past and present employment positions:

Name of employer: \_\_\_\_\_  
Business: \_\_\_\_\_  
Length of employment: \_\_\_\_\_ to \_\_\_\_\_  
Position held: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
May we contact this employer: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of employer: \_\_\_\_\_  
Business: \_\_\_\_\_  
Length of employment: \_\_\_\_\_ to \_\_\_\_\_  
Position held: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
May we contact this employer: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of employer: \_\_\_\_\_  
Business: \_\_\_\_\_  
Length of employment: \_\_\_\_\_ to \_\_\_\_\_  
Position held: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
May we contact this employer: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of employer: \_\_\_\_\_  
Business: \_\_\_\_\_  
Length of employment: \_\_\_\_\_ to \_\_\_\_\_  
Position held: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
May we contact this employer: Yes \_\_\_\_\_ No \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse: \_\_\_\_\_

List Days/Times you would be available to answer squad calls:

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Reasons for wanting to join Crivitz Rescue:

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Do you know any past or present squad members? Yes \_\_\_\_ No \_\_\_\_

If yes, who? \_\_\_\_\_

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List at least 2 references of people who are not related to you.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been a member of another emergency services department?

Yes \_\_\_\_ No \_\_\_\_

If so, where, for how long, & describe your role? \_\_\_\_\_

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Supervisor's name and phone number:

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### **Contents and Application Truthful and Complete**

I hereby represent that all of the information submitted by me in this application, and in another documents provided by me to Crivitz Rescue Squad, Inc. in connection with my application for membership, is true and complete. I understand that if I am accepted as a member of Crivitz Rescue, any falsified statements on this application or any falsified materials submitted with it will result in termination of my membership.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Release Form / Criminal History & Traffic Records Check

Crivitz Rescue Squad will be performing a criminal history check and traffic records check for the purpose of employment/membership with Crivitz Rescue Squad.

Your signature below shall constitute documentation that you are aware a criminal history check and traffic records check will be done and that employment/membership shall be based on the results of said check. Please sign below to enable the Crivitz Rescue Squad to perform the required checks.

Applicant must also complete and sign the attached forms entitled Background Information Disclosure and Authorization for Release of Personal Information to provide the necessary information to perform the required background checks.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Board of Directors Use Only

Background Check Findings: **Accepted:** \_\_\_\_\_ **Rejected:** \_\_\_\_\_

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President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Rescue Squad Use Only

Date voted on: \_\_\_\_\_ Accepted: \_\_\_\_\_ Rejected: \_\_\_\_\_

If rejected, list reason(s): \_\_\_\_\_

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## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I \_\_\_\_\_ do hereby voluntarily authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Crivitz Rescue Squad, Inc. whether the said records are of a public, private or confidential nature. This shall include, but not be limited to, polygraph information.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; criminal and traffic history records, and court reports and records.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment with the Crivitz Rescue Squad, I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I personally waive any future access to background investigation information obtained as a result of this authorization.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature (include maiden name)

\_\_\_\_\_

\_\_\_\_\_

Witness

Date     /     / \_\_\_\_

Date     /     /     /

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone # (     )     -     

Date of Birth     /     /     /

Social Security # \_\_\_\_\_

Height: \_\_\_\_\_ Weight \_\_\_\_\_

Race \_\_\_\_\_

## 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 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.

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 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 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	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 DHFS.
- Anyone who has a foster home licensed by DHFS.
- Anyone certified by DHFS.
- Anyone who is a Child 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.

### 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:

**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 employee or contractor, or a current employee 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)				

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 <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.		
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.		
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.		
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.		

(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 <b>Yes</b> , 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 <b>Yes</b> , 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 <b>Yes</b> , 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 <b>Yes</b> , 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 <b>Yes</b> , 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 <b>Yes</b> , 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 <b>Yes</b> , list each state and the dates you lived there.		
5. Have you had a caregiver background check done within the last 4 years? ➤ If <b>Yes</b> , 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 <b>Yes</b> , 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.

<b>YOUR SIGNATURE</b>	Date Signed
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