

Background checks in accordance with the WI Caregiver Law, Sections 48.685 & 50.065 are part of Bethany St. Joseph Care Center's volunteer application and acceptance process.

BSJ Care Center does not accept volunteers who have had involvement with theft, abuse, or drug cases.

ALL VOLUNTEERS MUST GO THROUGH A 1-HOUR ORIENTATION SESSION.

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	Dat	te:	
Section 1			
Name: (Last)	(Fir	rst)	
Address (Street, city, state, zip):			
hone: Other Phone:			
Email:			
Emergency Contact:	Rel	ationship:	
References (2 local) (Include name, pl	none, relationship):		
Reference 1:	Em	ail:	
Reference 2:			
This section is for high school or college	ge students only:		
School Name & Location:		Major:	
Class Requiring Hours:	Hov	w many hours:	
Section 2			
Desired Frequency To Volunteer:			
\square Weekly (# of days \square 1, \square 2, \square 3)	\square Every other week	☐ Weekends Only	
Days of week preferred:	Monthly	☐ Other:	
Section 3			
Time Preference/Skills/Abilities:			
☐ Morning 9:00am-1:00pm	☐ Afternoon 1:00pm-4:00pm	☐ Evening 6:00pm-8:30pm	
Skills, hobbies, previous experience?		·	
Any limitations we should be aware o	f? □ No □ Yes List:		
Please sign to give permission for us t	o conduct a criminal background	l check	
List the states which you have resided	•		
Signature:			