



United Way
of Portage County
www.unitedwaypoco.org



Learn for Life Tutor Candidate Information

Name: _____ Date of Birth: _____
 First M.I. Last

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Home _____ Work _____ Cell _____

E-mail address: _____

Best way to contact you: Home Work Cell Email

Do you speak a language other than English? If so, what is it? _____

Gender: Male _____ Female _____ Are you at least 18 years of age? Yes No

Race: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Address: _____ City/State/Zip: _____

Phone Number: _____

VOLUNTEER EXPERIENCE:

Previous or Current Volunteer Experience: _____

REFERRAL INFORMATION: How did you hear about **Learn for Life**?

- RSVP
- Church
- Newspaper/Media
- United Way website
- www.volunteersrock.org
- Word of Mouth (Neighbor/Friend)
- Facebook
- 211
- Other please explain _____

TRANSPORTATION INFORMATION:

Do you have access to **reliable** transportation? Yes No

EMPLOYER: (Optional)

Place of Employment? _____
Does your employer release you during your workday so that you may tutor? Yes No

AVAILABILITY:

(Please mark which times that you **ARE** available to provide tutoring services; **provide hours if possible**)

Day	Morning	Afternoon
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Are there any times during the year you may NOT be available or out of town (going south for the winter, etc.)?

Please describe any physical limitations, medical conditions, or personal preferences to be considered when matching you with a client: _____

EQUAL OPPORTUNITY:

United Way of Portage County will provide equal opportunities to all individual volunteers and care receivers regardless of their race, age, sex, sexual orientation, creed or religion, color, handicap or disability, marital, citizenship, or veteran status, membership in the National Guard, state defense force, or reserves, national origin or ancestry, arrest or conviction record, or any other characteristic protected by law. This policy applies to our decisions related to the volunteer and care receiver application process and the services and care provided through our programs.

RISK MANAGEMENT:

United Way of Portage County strives to provide a safe, quality volunteer experience for all applicants. United Way will communicate the needs of clients to volunteers in advance of assignments. Volunteers are asked to apply common sense and not undertake services that are unsafe or beyond reasonable expectations for a volunteer assignment.

CONFIDENTIALITY AGREEMENT:

Confidentiality is the legal right to privacy. Any information regarding a client learned through conversations or contained in a client's file is confidential information. No information should be released to anyone (including family members) without proper authorization. This is a violation of state and federal law. Anyone who discloses information without a current, signed, authorization form can be held liable for damages or it could be grounds for defamation or an invasion of privacy allegations. Both volunteers and United Way can be held liable, but as a volunteer you can also be held liable for civil and criminal penalty. This can include criminal charges, fines and/or jail time. Any volunteer that violates the confidentiality of any client will be terminated from volunteering at United Way of Portage County.

Volunteers are required to respect the privacy of all United Way clients and to follow the guidelines of confidentiality listed below.

1. Names of recipients are not to be mentioned in social settings or outside of normal day-to-day business operations of United Way.
2. Situations that would cause another person to know the client are not to be discussed with anyone except United Way staff.
3. Signs of abuse that is either suspected or observed should be reported immediately to United Way staff.

Please initial that you have read the above information _____

AT WILL VOLUNTEER:

Although the United Way hopes that the volunteer employment relationship with all of its volunteers is a long-term relationship, it is an AT WILL VOLUNTEER relationship. That is, either the volunteer or the United Way may terminate the relationship at any time, for any reason, with or without cause.

BACKGROUND INFORMATION DISCLOSURE:

Please answer the following questions as completely and accurately as possible. Answering affirmatively to any questions will not necessarily bar you from volunteering with United Way. However, failure to comply or providing false information may result in denial or termination of volunteer activities.

1) Any other names by which you have been known (including maiden name):

2) Do you have criminal charges (as well as pending) against you or were you ever convicted of any crime (not including traffic violations) anywhere, including federal, state, local, military, and tribal courts?

No Yes

If yes, list each crime, when it occurred or the date of conviction, and the city and state where the court is located. You may be asked to supply additional information including the certified copy of the judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.

3) Has any government regulatory agency (other than the police) ever investigated for, or ever found that you abused or neglected any person or client? No Yes

If yes, please explain, including when and where it happened.

4) Has any governmental regulatory agency (other than the police) ever investigated for, or ever found that you misappropriated (improperly took or used) the property of a person or client? No Yes

If yes, please explain, including when and where it happened.

5) Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients? No Yes

If yes, please explain.

6) Have you resided outside of Wisconsin in the last three years? No Yes

If yes, list each state and the dates that you lived there.

Dates	State/Country

The information given in this application is correct and accurate to the best of my knowledge. I have reviewed all of my responses before forwarding this document to United Way of Portage County. I acknowledge that knowingly providing false information or omitting information will result in denial or immediate termination of volunteer activities and other penalties as provided under the law. As a volunteer, I understand I will not receive pay for this duty. In addition, I understand that no employer/employee relationship will exist. In order to ensure safety in our schools and for the protection of students, I authorize United Way of Portage County to conduct an annual background check. United Way of Portage County will conduct criminal background checks on all volunteers who will be working directly with students. Further, I understand and agree that as a part of the United Way of Portage County enrollment process, agency personnel will obtain information about me from references, public records, interviews and other sources as deemed necessary for program participation. By signing this application, I hereby release and indemnify United Way of Portage County, its officers, board of directors, staff and participants from and against any and all claims and liability for negligence, willful misconduct, or sexual abuse relating to my participation in this program.

Signature

Date

Thank you for completing this volunteer application! United Way of Portage County truly appreciates your interest in servicing those in need in our community. We will be in contact with you to set up an interview/orientation.

Like us on Facebook at United Way of Portage County!

Please return completed application to:

United Way of Portage County

1100 Centerpoint Dr. #302

Stevens Point, WI 54481

(P): 715-341-6740 (F): 715-341-3717

E-mail: uway@unitedwaypoco.org

Website: www.unitedwaypoco.org