



Aging With Attitude

Volunteer Welcome Letter

We are delighted to know of your interest in volunteering for WiseUp. The enclosed Volunteer Application is designed to provide security for our members and volunteers, and to help us match volunteers to their areas of interest.

Please review and complete the two page application form and return it to our office. We will contact you to schedule an interview. At that time, we will answer any questions you may have about our intake process and volunteer program. For the interview, please bring a current photo ID. If you plan on being a volunteer driver, you will need to bring your insurance card and proof of your insurance coverage with liability limits of \$100,000/\$300,000.

Please note that we will not initiate background and reference checks until after the interview.

Volunteer Application includes:

- General information about you and WiseUp. *Page 2*
- Your availability and areas of volunteer interest. *Page 3*
- Disclosure and authorization to release information. *Page 4 completed at interview.*
- Volunteer and confidentiality agreement and waiver of liability. *Page 5 completed at interview.*
- Volunteer driver application (complete this form **only** if you want to be a volunteer driver). *Page 6 completed at interview by volunteer drivers only.*

Authorization to Release Information: This form is required by IntelliCorp Records, Inc. the company that conducts reference and background checks for WiseUp.

We look forward to welcoming you to our volunteer corps. WiseUp volunteers are not only the face of the organization for our members, but also enable us to offer a wide variety of services to them. If you have any questions or concerns as you review this packet, please contact me at info@wiseuptoday.org, or 847-721-1413.

Please save a copy of your volunteer application before attaching it to an e-mail. E-mail the completed form to WiseUp at info@wiseuptoday.org. You are welcome to mail the application form to our office, address below.

Mary McCulloch
Member Services Coordinator

Mission and Purpose

Mission: We provide support and connections to each other as we age, so that we can remain vital, and contributing members of our communities.

Purpose: WiseUp will provide, through a single source, a network of services and contacts that members can access to live independently in their homes as vital parts of a supportive community.

Goals of the Volunteer Program

- Provide high quality services that meet our members' needs and expectations;
- Ensure that volunteers have a pleasant and rewarding experience;
- Nurture and build community by developing ties to the individual members served and to other WiseUp members and volunteers;
- Provide opportunities for new friendships to develop among volunteers and members as they participate in social activities, share experiences, and discover mutual interests.

Many WiseUp volunteers are also village members.

Are you a WiseUp member? Yes No

If not, are you interested in learning more about WiseUp membership? Yes No

VOLUNTEER APPLICATION

| | | | |
|------|---------|----------|--------|
| Name | [first] | [middle] | [last] |
|------|---------|----------|--------|

Please list any former last names here: _____

Current Address

| | | |
|--------------|--------|--------|
| Phone [home] | [cell] | [work] |
|--------------|--------|--------|

E-mail Address

Emergency Contact Name

| | |
|---------------------|-------|
| Relationship to you | Phone |
|---------------------|-------|

Reference: Please provide a personal or professional reference (not a family member).

| | |
|------|--------------|
| Name | Relationship |
|------|--------------|

| | |
|-------------------|-------------|
| Daytime Telephone | Other Phone |
|-------------------|-------------|

Proof of Identification

| | |
|--------------------|-----------------|
| Driver's license # | Expiration date |
|--------------------|-----------------|

| | |
|------------|-----------------|
| State ID # | Expiration date |
|------------|-----------------|

| | |
|------------|-----------------|
| Passport # | Expiration date |
|------------|-----------------|

Education Degree/Level completed _____

Most Recent Employer _____

Occupation _____

Please briefly describe your work experience: _____

What languages, other than English, do you speak, read or write? _____

Any special skills you would like us to know about? _____

Please write the times you are available to volunteer.

Morning 8am-noon ~ Afternoon 12pm -5pm

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|--------|---------|-----------|----------|--------|
| Morning | | | | | |
| Afternoon | | | | | |

How much time can you volunteer per week? _____ Per month? _____

Do you have any health restrictions, limitations, or other concerns about volunteering? Working in a home with pets, allergies?

What prior experience do you have volunteering?

How did you hear about the WiseUp Volunteer Program?

Volunteer Opportunities

Help a Member

- Technology Help:** troubleshooting computer, cell phone, printer, TV, and tech issues
- Light Household Chores:** changing lightbulbs, batteries in smoke detectors, resetting clocks
- Light Household Maintenance:** minor home repairs, moving furniture, gardening
- Convenience Services:** running errands, mailing packages, preparing meals
- Friendly Visits:** in person or on the telephone
- Transportation:** drive to appointments, shopping, and events

If you want to be a volunteer driver, you must complete the volunteer driver application on page 6.

DISCLOSURE AND AUTHORIZATION TO RELEASE INFORMATION

DISCLOSURE – In the process of conducting background checks for WiseUp, we may obtain consumer reports or prepare an investigative consumer report. The report may also consist of contacting all listed references and/or prior employers to verify the information you provided. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act.

I _____ do hereby authorize verification of all information in my volunteer application from all sources of volunteer, education, motor vehicle, financial history including a credit report, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **IntelliCorp Records, Inc.**, to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **IntelliCorp Records, Inc.**, for identification purposes and for the release of information which will be considered in determining any suitability for volunteer assignments. I certify that I have made true, correct, and complete answers and statements on my volunteer application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application to be a volunteer. I agree to provide additional information that may be requested to process my volunteer application. I authorize without reservation, any party or agency contacted by **IntelliCorp Records, Inc.**, to furnish the above-mentioned information. This authorization is valid during the course of my volunteering to the extent permitted by law.

I have the right to make a request to **IntelliCorp Records, Inc.**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc.**, has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of volunteer application and my discharge as a volunteer.

Signature

Print Name

Date

Date of Birth: _____ Social Security Number: ____/____/____
month/ day/ year

DISCLAIMER: THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY. WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN. WE MAKE NO WARRANTY THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS.

Your handwritten signature will be required at the time of your interview.

Volunteer and Confidentiality Agreement

Confidentiality:

I agree to protect the confidentiality of all information pertaining to any WiseUp member, non-member or other volunteer or client associated with WiseUp.

Liability Waiver and Signature:

- I acknowledge that as a volunteer, I am not an employee of WiseUp and understand that I will not be paid for any work I perform.
- I consent and agree to assume all responsibility for any and all risks or events of damage or injury that may occur in the course of my volunteer work and that I am volunteering at my own risk.
- I fully and forever release and discharge WiseUp from any and all liability or for any damage or injury which I may receive in the course of my volunteer work.
- I understand that false information or failure to disclose relevant information may be grounds for rejection of my application or dismissal from any assignment.

In completing this application, I acknowledge and understand that I agree to routine background checks:

- Reference Check
- Criminal Record Check
- Annual Driving Background Check (if applicable)

Have you ever been convicted of a felony or misdemeanor? Yes No.

If yes, Felony or Misdemeanor.

Location of court (city, county, state) _____

Name using when committed the offense _____

My signature below authorizes WiseUp to conduct a criminal history background check through IntelliCorp Records, Inc. It also authorizes Wiseup to obtain my driving record history if applicable. Further, I agree to immediately notify WiseUp in the event that I have a moving violation or am involved in an accident.

My signature indicates my agreement to adhere to these responsibilities if placed as a volunteer. WiseUp is not obligated to provide a placement. I am not obligated to accept the volunteer position offered. The information I have submitted will not be given to any other parties without my permission.

Name _____
(print)

Signature (full name) _____ Date _____

VOLUNTEER DRIVER APPLICATION (Optional)

Name _____ Date _____

Address _____

How long have you lived at this address? _____

Do you have a current Illinois Driver's License? *(Please attach a copy)*
 ___ Yes ___ No *If no, explain* _____

How long have you had a driver's license? _____

If licensed in Illinois less than 5 years, list licenses previously issued:
 License #/State _____ License #/State _____

Are there any restrictions on your driver's license? ___ Yes ___ No
If yes, explain _____

Have you ever had your license suspended, revoked, or refused?
 ___ Yes ___ No *If yes, explain* _____

Were you ever required by the State to file an SR22? *(Evidence of insurance verifying financial responsibility)*
 ___ Yes ___ No *If yes, explain* _____

Name of your auto insurance company _____

WiseUp requires minimum limits of liability of \$100,000 / \$300,000

My limits of liability are _____
(Please attach copy of your insurance card and proof of \$100,000/300,000 limits of liability)

Has an insurance company ever cancelled or failed to renew your auto insurance?
 ___ Yes ___ No *If yes, explain and list reason, company, agent, and phone#*

Have you ever been convicted during the last 10 years of driving while intoxicated or under the influence of drugs? ___ Yes ___ No
If yes, explain, give date, jurisdiction (city, county, state) _____

Additional requirements for volunteer drivers:

- Make sure the vehicle is clean and free of smoke and offensive odors.
- When appropriate to the needs of the member, exit the vehicle to open and close the vehicle doors, and provide assistance to or from the destination.
- Assist the member in the process of being seated, including fastening the seat belt, if necessitated by the member's condition.
- Confirm prior to proceeding that all passengers are properly secured in their seat belts. (Exception - A member who has a letter on their person signed by a physician stating that a medical condition prevents the member from using a seat belt may be transported without a fastened seat belt.)
- Remind members to check the vehicle and retrieve all personal items.
- Do not use alcohol, narcotics, or controlled substances while driving. (Prescribed medication may be used by a driver as long as his/her duties can still be performed safely and WiseUp has written documentation that the medication will not impair the ability of the driver.)
- Avoid distractions while driving, such as; using a cell phone, or text messaging.
- Pull off the road to make or take messages pertinent to the task.

Please bring your valid drivers license and current auto insurance card to your interview.