



BACKGROUND INFORMATION DISCLOSURE (BID)

Pursuant to First Tee of South Central Wisconsin's Risk Management Policy, completion of this form is required for all volunteers, 18 years of age or older, **before you can be cleared to assist youths in our summer lesson leagues** prior to contact with young people participating in programs sponsored by First Tee. Providing your social security Number (SSN) is required.

First Name _____ Middle _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Any Other Names by Which You Have
Been Known (including Maiden Name) _____

Social Security Number _____

Gender _____ Birth Date _____

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION		YES	NO
1.	Do you have any criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, county, local, military, and tribal courts? Have you ever been convicted of another offense such as a municipal ordinance violation or civil offense under a local ordinance? ➤ If Yes, list each pending charge or conviction, when it occurred, the date or arrest and conviction if applicable, and the city and state where the court is located. You may be asked to supply additional information including certified copy of the judgment of conviction, a copy of the criminal complaint or any other relevant court or police documents.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Were you ever adjudicated delinquent by a court of law, including tribal court, on or after your 12 th birthday and before your 18 th birthday, for a crime or other offense such as a municipal ordinance violation or a civil offense under a local ordinance? ➤ If Yes, list each crime or offense, 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.	<input type="checkbox"/>	<input type="checkbox"/>

3.	Are you currently under community supervision by a state, federal or tribal agency (i.e. probation, extended supervision or parole)? ➤ If Yes, provide the name, address and phone number of the agency.	<input type="checkbox"/>	<input type="checkbox"/>
SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION		YES	NO
4.	Are you currently, or have you ever been, required to be registered on a state, tribal or national sex offender registry? ➤ If Yes, explain, including the location, reason for registration and length of time required to be registered.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are you currently the subject of a child abuse or neglect investigation by a government or regulatory agency? ➤ If Yes, explain and provide the name of the agency conducting the investigation.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Has any government or regulatory agency (other than the police) ever found that you abused or neglected a child? ➤ If Yes, explain, including when and where it happened and the name of the agency that made the finding.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? ➤ If Yes, explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
8.	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 Yes, explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
9.	Has any government or regulatory agency (other than the police) ever found that you abused an elderly person? ➤ If Yes, explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
10.	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 Yes, explain, including credential name, limitations or restrictions, and time period.	<input type="checkbox"/>	<input type="checkbox"/>
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 Yes, explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>

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 Yes, explain, including when and where it happened and the reason.	<input type="checkbox"/>	<input type="checkbox"/>
SECTION B – OTHER REQUIRED INFORMATION		YES	NO
3.	Have you been discharged from a branch of the U.S. Armed Forces, including any reserve component? ➤ If yes, indicate the year of discharge: ➤ Attach a copy of your DD214 if you were discharged within the last 3 years.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you resided outside of Wisconsin in the last 5 years? ➤ If Yes, list each state and the dates you lived there.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you had a caregiver background check done within the last 4 years? ➤ If Yes, list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.	<input type="checkbox"/>	<input type="checkbox"/>
6.	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, list the review date, the result, the agency that conducted the review and attach a copy of the review decision.	<input type="checkbox"/>	<input type="checkbox"/>
A “NO” answer to all questions does not guarantee approval.			

By signing below, I certify that all information provided is true. I also hereby authorize First Tee of South Central Wisconsin to conduct a criminal history background check.

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Signature

Date

Please mail completed First Tee Volunteer Application form and State of Wisconsin Background Information Disclosure (BID) form to: Kelsey Kjome at Kelsey@firstteescw.org

**First Tee of South Central Wisconsin
Kelsey Kjome
5501 Schroeder Road, Suite 100
Madison, WI 53711**