

## WILR Volunteer Application

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ (wk) \_\_\_\_\_ (cell) \_\_\_\_\_ Email \_\_\_\_\_

BirthDate \_\_\_\_\_ Disability \_\_\_\_\_

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Have you ever been convicted of a felony or misdemeanor, including sex-related or child abuse related offenses? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe the charges: \_\_\_\_\_

Are you on probation? Yes \_\_\_\_\_ No \_\_\_\_\_

If on probation, may we have permission to contact your probation officer?

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

Name of probation officer: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Days/Times Available: Mon. \_\_\_ Tue. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri. \_\_\_ Sat. \_\_\_ Sun. \_\_\_

Mornings \_\_\_ Afternoons \_\_\_ Evenings \_\_\_ Months \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

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Will work with (check all that apply): Men \_\_\_\_\_ Women \_\_\_\_\_ Youth \_\_\_\_\_ Seniors \_\_\_\_\_

Areas of discomfort \_\_\_\_\_

Means of Transportation: Private \_\_\_\_\_ Public \_\_\_\_\_

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What areas would you like to volunteer in? (check all that apply)

Education _____	Employment _____	Transportation _____	Budgeting _____
Housing _____	Rehab _____	VR _____	Home Management _____
Self Advocacy _____	Computer _____	Social/Rec _____	SSA _____
Work Incentives _____	Parenting _____	DD _____	Build Self Esteem _____
Visual Impairment/ Mobility _____	Wheelchair/Mobility _____	Get/Manage Personal Assistant _____	Other _____

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Professional Experience \_\_\_\_\_

Experience w/persons with disabilities? \_\_\_\_\_

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Please list previous volunteer jobs, dates, supervisor, phone # and what you enjoyed most/least about each experience

Agency \_\_\_\_\_ Dates Worked \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

Responsibilities \_\_\_\_\_

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Please list previous volunteer jobs, dates, supervisor, phone # and what you enjoyed most/least about each experience

Agency \_\_\_\_\_ Dates Worked \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

Responsibilities \_\_\_\_\_

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Are you interested in giving presentations? Yes \_\_\_ No \_\_\_

If yes, on what topics? \_\_\_\_\_

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Are you interested in participating in advocacy? Yes \_\_\_ No \_\_\_

If yes, on what topics? \_\_\_\_\_

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I hereby state the above information is correct to the best of my knowledge and authorize investigation and verification of all statements contained in this application. I understand that misrepresentation or omission of facts may render me ineligible for consideration.

SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_

**Questions?**

**Call or email Peggy Rounds at WILR307-266-6956 or [pounds@wilr.org](mailto:pounds@wilr.org)**

**Peer Volunteer Program**  
**Memorandum of Agreement<sup>1</sup>**

**Job Description:** Volunteers to provide skills training one-on-one with a consumer, assist support groups, participate in Living Well with a Disability training, facilitate on-going workshops. Advocate on behalf of consumers and Independent Living as it relates to a person living with a disability. Willingness to participate in community outreach, provide presentations about WILR services, recruit for volunteers, participate in volunteer activities and other duties as agreed upon between the volunteer and the Peer Volunteer Program Manager (PVP).

**Desired Qualifications:**

- Experience working with people with disabilities or life experience with a disability.
- Has successfully achieved living independently.
- Willing to assist consumers to achieve independent living goals.
- Willing to assist others to achieve group, community or organizational goals.
- Complete a Living Well with a Disability workshop and facilitate future workshops.

**Activities:**

- Act as a role model, sharing resources and assisting others to be independent.
- Exhibit genuine concern for helping others with disabilities.
- Provide emotional support to participants who are struggling with disability related issues.
- Teach specific independent living skills based upon personal knowledge and experience as agreed upon by the consumers written goals, submitted by a WILR specialist and referred to the Peer Volunteer Program.
- All activities are voluntary and are not required.

**WILR Volunteer Policy:**

- Provide or arrange own transportation.
- Agree not to transport consumers while representing WILR.
- Sign a confidentiality statement agreeing that a consumer's personal information is to be held with the strictest of confidence at all times. Other than WILR staff, volunteers will not discuss consumers outside of the WILR organization without written consent and consumer permission and filed with the Peer Volunteer Program Manager. The one exception would be if an individual expresses a desire to harm themselves or others; has harmed themselves or others, or expresses the intent or committal of a crime.
- Volunteers working one-on-one with consumers will successfully clear a Department of Family Service Central Registry background check, a National criminal background check and pass a drug-free test.
- Volunteers working in the office or group settings (not one-on-one with consumers) will successfully clear a Department of Family Service (DFS) Central Registry background check. If the results from DFS state that a pre-screen is indicated, WILR will require a National criminal background check.
- Complete Volunteer training.
- Attend volunteer meetings.

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<sup>1</sup> WILR Employee Handbook 40.10

- Record activities, case notes (if working one-on-one), time and submit to the Peer Volunteer Program Manager.
- Identify and report any personality conflicts or discomfort with the consumer relationship to the Peer Volunteer Program Manager for assistance and/or reassignment.
- Will not conduct or engage one's personal preference concerning religion, sectarian or political philosophies.

This MEMORANDUM of AGREEMENT is entered into on this day \_\_\_\_\_  
(Date)

\_\_\_\_\_  
WILR Supervisor                      Date

\_\_\_\_\_  
Volunteer                              Date

## **Volunteer Orientation**

As a WILR volunteer, I have completed the volunteer orientation training, and I agree to:

1. Demonstrate respect and genuine concern for helping others.
2. Maintain the confidentiality of my consumer's issues and conversations, with the exception of concern for their safety (i.e., expressed suicidal thoughts). I may discuss the progress, or barriers encountered with my consumer with the Peer Volunteer Program Manager, or in a Volunteer Team meeting. This means I will never discuss individual circumstances or persons by name with anyone outside of the Volunteer Program without the expressed permission of my consumer. You must report any consumer suicidal or homicidal thoughts, or reports of abuse to the proper authorities and the Peer Volunteer Program Manager immediately.
3. Identify any personality conflicts with matched consumer and consult with the Peer Volunteer Program Manager for problem solving or for reassignment, as appropriate.
4. Be a facilitator. By being a volunteer, I realize that my role is to be a listener, to share information and resources, and to facilitate problem solving. I will remember that it is always the consumer who's in charge of their goals and responsible for their accomplishment. If I am working harder than they are at their goals, something is wrong, and I will consult with the Peer Volunteer Program Manager.
5. Teach specific independent living skills based upon personal knowledge and experience as agreed upon with consumer and Peer Volunteer Program Manager.
6. Understand that my relationship with my consumer is meant to be a mentor or friend, and not a "dating" or "partner" type or relationship. If I cannot maintain this appropriate relationship, I will report to the Peer Volunteer Program Manager for reassignment.
7. Provide or arrange own transportation. WILR policy does not allow staff or volunteers to transport a consumer in their personal vehicles.
8. If working one-on-one or entering a consumer's home, sign a criminal self-disclosure form indicating that he/she has no felony convictions. Successfully complete a background check and pass a drug-free test.
9. Have at least two contacts per month on phone or in person with each consumer matched.
10. Attend mandatory team meetings and trainings as scheduled, and other optional in-service.
11. Report monthly activities including:
  - Monthly meetings, trainings and activities

- Community Advocacy
- Contact with matched consumer and submit required documentation as outlined by WILR and in compliance with Rehabilitation Service Administration.

12. Report to the Peer Volunteer Program Manager by calling. 307-266-6956, or e-mail to [pounds@wilr.org](mailto:pounds@wilr.org), on a monthly basis:

- Date of activity
- Length of time spent volunteering
- General content of contact or activity
- Submit in writing, case notes and paperwork required by the Federal Rehabilitation Service Administration and WILR.

13. Will contact the Peer Volunteer Program Manager immediately if I am no longer able to continue my volunteer duties.

14. To continue the success of the Peer Volunteer Program, complete an “Exit Interview” upon resignation from the program.

### **Volunteer Time Reporting**

WILR volunteer policy requires a volunteer to have two contacts with each matched consumer. Contact can be in-person, by phone, or email. Report volunteer hours and activities to the Peer Volunteer Program Manager at the end of every month.

*Goals, ILP case notes for CSR – a) eligibility from specialists and b) develop intake*

### **Why Does WILR Track Hours?**

WILR tracks volunteer activities for several purposes: 1) to document contact and activities with a volunteer 2) provide consumer’s goal progress that will be added to the consumers case service record 3) to track hours volunteered, which can be used as in-kind donations to WILR for purposes of program funding matches.

### **How Do You Report Hours?**

A volunteer may call the Peer Volunteer Program Manager to report monthly hours and verification of dates and submit a WILR Volunteer Time Record form with the volunteers’ signature at an agreed upon date between the volunteer and program manager, but no later than the 20th of the following month. The Time Record form can either be delivered to the Peer Volunteer Program Manager at the WILR office or mailed to: 305 West 1st Street, Casper, WY 82601, emailed to [pounds@wilr.org](mailto:pounds@wilr.org) or faxed 307-266-6957.

### **Volunteer Mileage Reporting**

WILR Volunteer Policy permits a volunteer to be reimbursed for mileage or bus ride trip to meet with a consumer with pre-approval by the Peer Volunteer Program Manager. As stated in the Peer Volunteer Guidelines and Rules, WILR does not allow a volunteer to transport a consumer in their personal vehicles, or for a volunteer to ride in a consumer’s vehicle.

**How Do You Request Reimbursement?**

To be reimbursed a volunteer must complete either the WILR miscellaneous reimbursement form or travel mileage reimbursement form and signed by the Peer Volunteer Program Manager at the WILR office or mailed to: 305 West 1st Street, Casper, WY 82601, or emailed to [pounds@wilr.org](mailto:pounds@wilr.org) or faxed 307-266-6957 by the 20th of each month.