



Caregiver Application

616 America Ave Suite 170, Bemidji, MN 56601

www.northwoodscaregivers.org

Cindi Lee Jernigan, Executive Director
(218) 333-8264 or toll free (888) 534-4432
Fax: (218) 333-8263

Serenity Walker, Volunteer Coordinator
(218) 333-8262
Email: serenity.walker@co.beltrami.mn.us

Date: _____ **Name** _____

Address _____ Phone (home) _____ (w) _____

City _____ State _____ Zip _____ DOB: _____ Sex: M or F

Mailing Address (if different) _____ Email _____

Help us find the right Carereceiver for YOU!

Previous Volunteer Experience: _____

Hobbies, interests: _____

Personal Strengths and/or assets: _____

Occupation (Past occupation if retired) _____

Languages Spoken: _____

Check individual groups you are comfortable working with:

- | | | |
|--|---|---|
| <input type="checkbox"/> Mentally Ill | <input type="checkbox"/> Developmentally Disabled | <input type="checkbox"/> Physically Challenged |
| <input type="checkbox"/> Senior Citizens | <input type="checkbox"/> Children (Ages 1-12 years) | <input type="checkbox"/> Community Events/Fundraising |

Preferences (please check all that you are interested in):

Caregiver Support Services

- Paid Respite Care (Must be a CNA, LPN or RN)
- Volunteer Respite Care (Up to 4 hours at one time)
- Paid Homemaking Services
- Volunteer Home Modifications
- Home Health Aide (must be certified)

Local Transportation

- Volunteer Shopping assistance
- Volunteer Medical Appointments
- Other: _____
(Volunteer Transportation offers mileage reimbursement)

I am available:

- | | | |
|---|---|---|
| <input type="checkbox"/> Mornings (M-F) | <input type="checkbox"/> Afternoons (M-F) | <input type="checkbox"/> Evenings (M-F) |
| <input type="checkbox"/> Weekends | <input type="checkbox"/> Once a week | <input type="checkbox"/> As needed (On-Call List) |

I am allergic to pets: Y/N I am willing to visit a smoker: Y/N I am willing to help: M/F

I prefer to help: _____ any place needed _____ through my congregation (please list below)

Please COMPLETE the following or your application will NOT be processed:

Have valid state driver's license? Y/N *Have Vehicle Insurance? Y/N Company: _____

Please provide a copy of your Drivers License if applicable or other form of identification

**If you do not have a driver's license, please answer the following questions:

- Eye color: _____ Hair color: _____ Height: _____ Weight: _____

Have you ever been convicted for violation of any laws, traffic or otherwise? Y/N

If yes, please explain: _____

Do you have any physical conditions that may limit your activities? Y/N

If yes, please describe: _____

What is your state of birth? _____

Emergency Contacts:

Name: _____ Phone: (____) _____

Primary Physician Name: _____ Location: _____

References (Please provide at least ONE *work or volunteer reference*):

1. Name: _____ Phone: _____

Address: _____ Relationship: _____

2. Name: _____ Phone: _____

Address: _____ Relationship: _____

3. Name: _____ Phone: _____

Address: _____ Relationship: _____

I hereby give consent for the Northwoods Caregivers to contact my references, and I will sign a separate form to consent to a routine criminal background check. I understand I must pay a ***\$10 deposit*** for the background check which will be returned to my 1st payment if contracted by Northwoods Caregivers and after I have provided 5 hours of said service – not needed for volunteers.

Signed: _____ Date: _____

Optional (may be helpful in making a match, and will also benefit as statistical information):

Race: ___ White ___ Hispanic ___ Native American ___ African American Other: _____

If Native American, what is your Tribe Affiliation: _____

Religion and congregation: _____

Have you ever served in the military? ___ Yes ___ No

Northwoods Caregivers
616 America Ave Suite 170, Bemidji, MN 56601
Telephone: (218) 333-8264 or Toll Free: 888-534-4432

Consent for the Release of Information

The following individual has made application with this agency for: Volunteering, Homemaking, Respite

Last Name (please print) First Middle (full)

Maiden, Alias or Former (full)(please print) _____

Date of Birth (M/D/Y) _____ Gender (M/F) ____ Social Security # _____

Driver's License # _____ State _____ Expires _____

I authorize Northwoods Caregivers to receive information from and provide information to:

Agency or Specific Individual: **MBCA, Social Services, Law Enforcement, Netstudy, Office of Inspector General and NSOPW.**

Information regarding: all criminal history record

For purposes of: volunteer background check.

Counties and states that I have resided in within the last five years (listed below):

- 1.
- 2.
- 3.

I understand that no other uses or release will be made of the data except as otherwise authorized by law. I understand I am under no obligation to consent to this release and that there will be no adverse consequences to me if I choose not to sign this consent. I understand that this authorization applies to records prepared before and after the date of this authorization. I understand that I may later revoke this consent only if the new use or the dissemination, which I am authorizing here, has not taken place.

The expiration of this authorization shall be for no longer than one year from the date of my signature.

Signature of Applicant

Date of Signature

Notary Stamp:

Witnessed by

Date

Please note: Northwoods Caregivers requires this form be notarized.



Office of SHERIFF OF BELTRAMI COUNTY
613 Minnesota Avenue NW
Bemidji, MN 56601

Phil H Hodapp, Sheriff
Phone (218) 333-9111
Fax (218) 333-8325

Consent form for background check

Data Practices Advisory:

The Minnesota Data Practices Act requires you to be advised of the following:

As an applicant you are being asked to provide private data about yourself that will be used to check various databases to determine your eligibility.

You may refuse to provide this data. If you refuse the background check cannot be completed and your application may not be signed. Providing the data will permit the background check to be completed. The result of the check may either be affirmative or negative. The data you provide may be shared with other criminal justice agencies, via court order or as authorized or required by law.

Background checks will include accessing criminal history records, Department of Motor Vehicle records and various Department of Public Safety database including driver's license or other photographic identification to verify identity.

I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY

Signature: _____ Date: _____



APPLICATION FOR EMPLOYMENT

****ONLY** if applying for Homemaking or Home Health Aide,

ALL other applicants STOP HERE! 

NAME: _____

School	Name & Location	Graduated		Major Subjects	GPA
		Yes	No		

OTHER INFORMATION

Subjects of special study or research work:
Special Trainings/Certifications:
Activities(Civic, Volunteer, Athletic, etc.):

FORMER EMPLOYERS: List the last 4 employers, starting with the most recent or current employer

Date Month & Year	Name Address & Phone number	Salary	Position	Reason for Leaving
From:		\$		
To:		Per		
From:		\$		
To:		Per		
From:		\$		
To:		Per		
From:		\$		
To:		Per		

I authorize investigation of all statements on this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment if for no definite period and may, at the discretion of the employer be terminated at any time without any previous notice.

Signed: _____ Date: _____

APPLICANT – DO NOT WRITE ON THIS PAGE

Interviewed By:		Date:
Remarks:		
Neatness:		
Ability:		
Hired:	Dept:	Position:
Start Date:		Wage:
Approval:		
Signature: _____, Executive Director		
(Cindi Lee Jernigan)		



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.