



New Life Resource Center

Prospective Board Member

Thank you for considering being a New Life Resource Center Board member. This folder will familiarize you with how the Center and the Board operates. Below are some frequently asked questions that you may also have:

1. How long is a term for a Board member?

One term is three years and a member may only serve two consecutive terms (a total of 6 years) and then take time off.

2. What will I be expected to do?

Every Board member is expected to come to the Board meetings. They are once a month, usually at 5:00 at the Center. Ordinarily they last 1-2 hours. ***In addition, each Board member takes some facet of our non-profit to especially look after- this requires work beyond the meeting. Specifics are available in the board procedural manual and the by-laws.***

3. Is there any training required to be on the Board?

Yes! We ask each Board member to complete our Brightcourse Board Training which is online via video. **Training must be completed within the first 60 days.**

4. What if I take a vacation during the winter months? Can I still join?

We do require board members to attend our monthly meetings- we now have the ability to provide Zoom Meeting access for you if you are not able to attend in person. If you are able to attend remotely via Zoom during your time away, you can still join but overall must attend 75% of the meetings.

We appreciate your consideration of joining us as a New Life Board member. We look forward to having you become part of the Lord's work!

Thank you!



**NEW LIFE RESOURCE CENTER
BOARD MEMBER APPLICATION**

Name _____ Phone (Day) _____

Address _____ (Evening) _____

City _____ State _____ Zip _____ Age _____

Marital status _____ Occupation _____

Educational background _____

1. How did you first become aware of our Center? _____

2. Briefly state what makes you interested in working with the Center on its Board of Directors.

3. Describe both current and past positions held or services performed for other nonprofit organizations or ministries. _____

4. What gifts, talents, experiences, or personality traits would you bring to this ministry? _____

5. Have you ever been on the Board of Directors of a nonprofit organization? ____ yes ____ no If yes, please describe: _____

6. How do you handle conflict with others? _____

7. Our Board is a working Board. Would you be willing to do tasks assigned to you, serve on a committee, and attend Board meetings as often as possible (usually once a month, but can be more)? _____
8. A normal term in office is three years. Are you able to commit yourself to this amount of time to serve on the Board of Directors? _____

9. To what extent is your spouse, if you are married, supportive of your application to the Board of Directors? _____

GENERAL INFORMATION

1. In this section, please make a general evaluation of your knowledge in the following areas:

a. Knowledge of how abortions are performed and methods used

_____ excellent _____ good _____ fair _____ poor

b. Knowledge of existing laws regulating abortion

_____ excellent _____ good _____ fair _____ poor

c. Knowledge of biblical teaching on the sanctity of human life

_____ excellent _____ good _____ fair _____ poor

2. Under what circumstances, if any, is abortion justifiable in your opinion? _____

Explain: _____

3. What questions do you have concerning abortion and/or the sanctity of human life? _____

4. When do you feel sexual intercourse is morally permissible? _____

Explain: _____

5. Are you uncomfortable with any aspect of the center's statement of faith mission statement?

_____ yes _____ no

Explain: _____

BACKGROUND INFORMATION

1. Do you consider yourself a Christian? _____ yes _____ no

2. What is a Christian? _____

3. How long have you been a Christian? _____

4. Give a brief statement about how you came to know Christ as your personal Savior and Lord.

5. How has your life changed since your personal relationship with Jesus Christ began?

6. Please provide the following information about your church:
Church name _____ Phone _____
Address _____ Zip _____
Senior Pastor's name _____
Denominational ties, if any _____

7. How long have you been involved in your church? _____

8. Have you ever or are you currently involved in a Bible study? _____ yes _____ no
If yes,,what are your interests? _____

9. Describe positions you have held or services performed with the church.

10. Please list the names and addresses of two people, other than your pastor, whom we may contact for references for becoming a board member of New Life Center.

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

THANK YOU FOR FILLING OUT THIS APPLICATION

please send completed application to: newlifeboard@nwnewlife.org

or send to:

New Life Resource Center, Attention Board Chairs, P.O. Box 13020, Hayward WI 54843

THE BOARD PLEDGE OF NEW LIFE RESOURCE CENTER

Knowing that God has spoken clearly in His Word concerning the character and responsibility of a leader, I do solemnly commit myself to God and the Board of Directors for NLRC to do the following:

1. I will seek to maintain a close, intimate walk with the Lord by regularly spending time alone with Him in His Word and in prayer.
2. I will be a diligent student of God's Word.
3. I will endeavor to walk continually in His Spirit.
4. I will pray regularly for those who serve with me as board members, for the Directors & staff, for the volunteers and for clients.
5. I will pray regularly for the ministry of New Life Resource Center.
6. I will faithfully attend all meetings of the board unless I am hindered from doing so by a compelling reason such as illness. When unable to attend, I will notify the board chairman in advance, if possible of the reason for my absence.
7. I will prepare for each board meeting by doing my homework and by submitting myself anew and afresh to the Holy Spirit.
8. By the power of the Holy Spirit, I will refrain from expressing negative attitudes through criticism and complaint. Instead, I will be positive and encouraging, endeavoring to speak the truth in love, working toward consensus and unity in the Spirit while recognizing my responsibility to give timely input.
9. I will maintain an open and teachable attitude, willing to accept that I won't agree with every board decision; but once decisions are made, my obligation is to move forward without inviting factions to undermine those decisions. I will foster a team approach to the work of New Life.
10. I will maintain confidentiality in regard to board matters, recognizing that Board conversations, discussions and emails are not to be shared outside the board without permission.
11. I believe in the sanctity of human life as taught in the Bible and therefore: reject abortion as an acceptable option for any woman facing an unplanned pregnancy.
12. I believe that matters of birth control should rest on the foundation of the pro-life message and within the context of a covenant marriage.
13. I believe in chastity outside of marriage and in the sanctity of marriage between a man and woman as taught in the Bible. Therefore, I commit to a lifestyle of sexual purity myself and advocate for it as a board member.

I have studied these statements and the Bylaws, prayed about them, and I believe God would have me serve on the board according to these standards. I will endeavor to operate within the parameters of the Bylaws, understanding that these Bylaws exist for the purpose of seeing to it that Board actions proceed in a fair manner.

Signature: _____ Date: _____

THE STATEMENT OF FAITH OF NEW LIFE RESOURCE CENTER

1. We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
2. We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.
3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in his vicarious and atoning death through his shed blood, in His bodily resurrection, and His ascension to the right hand of the father, and in His personal return in power and glory.
4. We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential, and that this salvation is received through faith in Jesus Christ as Savior and Lord and not as a result of good works.
5. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a Godly life and to perform good works.
6. We believe in the resurrection of both the saved and the lost; they that are saved unto resurrection of life and they that are lost unto the resurrection of damnation.
7. We believe in the spiritual unity of believers in our Lord Jesus Christ.

Signature

Date

Mission Statement

The mission of the New Life Resource Center is to affirm the value of life by providing the support needed for those affected by pregnancy and family life issues.

Vision Statement

To demonstrate the love of Christ to women and men experiencing pregnancies & family life issues by equipping them to meet the challenges they face.

(When possible, we address the spiritual, physical, educational, and emotional needs.)

Signature

Date

NEW LIFE RESOURCE CENTER

TO: Incoming Board Members/Volunteers

FROM: Dave Innerebner
Board Chair

RE: Wisconsin Caregiver Background Check Law Consumer Authorization

The State of Wisconsin law requires background and criminal history checks for all persons responsible for the care, safety and security of children and adults.

An initial background check must be completed for all new and current board members, staff & volunteers, and repeated every four years thereafter. Please complete the Background Information Disclosure form (F-82064) . This information is used to obtain relevant data from the Wisconsin Department of Justice Crime Information Bureau and other appropriate agencies as required for the purpose of evaluating you for employment, promotion, reassignment or retention. Please note that Wisconsin law prohibits discrimination because of a criminal record or pending charge, unless the record or charge is substantially related to the circumstances of the particular job or licensed activity.

After you complete the Background Information Disclosure and Consumer Authorization forms print, then sign and return the completed forms to our office.

We cannot issue/ accept your employment/ training/volunteer/ board agreement until you have submitted a complete form F-82064. It is required to include a copy of your driver's license for identification.

If you have any questions, please call us at 715-634-22681 or email newlifeboard@nwnewlife.org

BACKGROUND INFORMATION DISCLOSURE (BID) FOR ENTITY EMPLOYEES AND CONTRACTORS: INSTRUCTIONS

PURPOSE

- The *Background Information Disclosure for Employees and Contractors* ([form F-82064](#)) gathers information required by Wis. Stat. § 50.065 and Wis. Admin. Code ch. DHS 12 for entities to conduct [caregiver background checks](#) for prospective and existing employees and contractors. This form may also be used by entities to conduct background checks for students and volunteers that are expected to have regular and direct contact with clients.
 - **NOTE:** Form F-82064 should not be used by applicants for *entity operator approval* or by entities requesting approval for an individual to reside in entity facilities as a *non-client resident*. Applicants for *entity operator approval* or for a *non-client resident* background check must request an [entity background check](#) from the Division of Quality Assurance.
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CAREGIVER BACKGROUND CHECK LAW

[Entities](#) must conduct background checks to verify initial and renewal eligibility of employees and contractors to serve as [caregivers](#). Pursuant to Wis. Stat. § 50.065 and Wis. Admin. Code ch. DHS 12, an entity may not employ or contract with an individual to serve as a “caregiver,” if the individual has certain governmental findings or criminal convictions affecting eligibility. See [Offenses Affecting Eligibility for Employment or Contract in Roles with Client Contact](#).

APPLICATION

Caregiver Background Checks are required for prospective and existing employees and contractors of entities. The term [entity](#) includes, but is not limited to:

- Adult Day Care Centers
 - Adult Family Homes
 - Alcohol and Other Drug Abuse Treatment Programs
 - Ambulance Service Providers
 - AODA Services
 - Community Based-Residential Facilities
 - Community Mental Health Programs
 - Community Support Programs
 - Comprehensive Community Services
 - Corporate Guardianships
 - Facilities Serving People with Developmental Disabilities
 - Emergency Mental Health Service Programs
 - Home Health Agencies
 - Hospices
 - Hospitals
 - Mental Health Day Treatment Services for Children
 - Nursing Homes
 - Outpatient Mental Health Clinics
 - Personal Care Agencies
 - Residential Care Apartment Complexes
 - Rural Medical Centers
 - Youth Crisis Stabilization Facilities
 - Programs regulated by ch. DHS 75
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FAIR EMPLOYMENT ACT & ELIGIBILITY REQUIREMENTS

Wisconsin Stat. §§ 111.31 – 111.395, prohibits discrimination because of a criminal record or pending charge. However, it is not discrimination to decline to hire or license a person based on the person’s arrest or conviction record if the arrest or conviction is substantially related to the circumstances of the particular job or licensed activity. In addition, Wisconsin law establishes conditions of eligibility for employment or contract to work in roles with regular and direct client/patient contact.

Wis. Stat. § 50.065(4m)(b) reads:

Notwithstanding s. 111.335, and except as provided in sub. (5), an entity may not employ or contract with a caregiver or permit to reside at the entity a nonclient resident, if the entity knows or should have known any of the following:

1. That the person has been convicted of a serious crime.
 2. That a unit of government or a state agency, as defined in s. 16.61 (2) (d), has made a finding that the person has abused or neglected any client or misappropriated the property of any client.
 3. That a final determination has been made under s. 48.981 (3) (c) 5m. or, if a contested case hearing is held on such a determination, a final decision has been made under s. 48.981 (3) (c) 5p. that the person has abused or neglected a child.
 4. That, in the case of a position for which the person must be credentialed by the department of safety and professional services, the person’s credential is not current or is limited so as to restrict the person from providing adequate care to a client.
- See [Offenses Affecting Eligibility for guidance](#).
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BACKGROUND INFORMATION DISCLOSURE (BID) FOR ENTITY EMPLOYEES AND CONTRACTORS

- **PENALTY:** A person who provides false information on this form may be subject to forfeiture and sanctions, as provided in Wis. Stat. § 50.065(6)(c) and Wis. Admin Code § DHS 12.05(4).
- Completion of this form to verify your eligibility for employment/service as a “caregiver” is required by Wis. Stat. § 50.065 and Wis. Admin Code ch. DHS 12. Failure to complete this form may result in denial or termination of your employment, contract or service agreement.

Refer to DQA form [F-82064A, Instructions](#), for additional information.

Reset

Check the box that applies to you.

- Applicant / Employee Student / Volunteer
 Contractor Other – Specify:

NOTE: This form should NOT be used by applicants for *entity operator approval* (license, certification, registration or other DHS approval) or by entities requesting approval for an individual to reside in entity facilities as a *non-client resident*. Applicants for *entity operator approval* or for a *non-client resident* background check must request an [entity background check](#) from the Division of Quality Assurance.

Full Legal Name – <i>First</i>	<i>Middle</i>	<i>Last</i>
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Other Names (including prior to marriage)

Position Title (applied for or existing) Staff / Volunteer	Birth Date (MM/DD/YYYY)	Sex Male Female
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Home Address	City	State	Zip Code
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Business Name and Address – Employer (Entity)
Northwoods New Life Resource Center

Answering “NO” to all questions does not guarantee employment, a contract, or service agreement.

If more space is required, attach additional documentation to this form and indicate “see attached” in your answer.

SECTION A – DISCLOSURES

1. Do you have any criminal charges pending against you, including in federal, state, local, military, and tribal courts?
If **Yes**, list each charge, when it occurred or the date of the charge, and the city and state where the court is located. Yes No
You may be asked to supply additional information, including a copy of the criminal complaint or any other relevant court or police documents.
2. Were you ever convicted of any crime anywhere, including in federal, state, local, military, and tribal courts?
If **Yes**, list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. Yes No
You may be asked to supply additional information including a certified copy of the judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.
3. Please note that Wis. Stat. § 48.981, *Abused or neglected children and abused unborn children*, may apply to information concerning findings of child abuse and neglect.
Has any government or regulatory agency (other than the police) ever found that you committed **child** abuse or neglect? Yes No
Provide an explanation below, including when and where the incident(s) occurred.
4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected **any person or client**? Yes No
If **Yes**, explain, including when and where it happened.

- | | | |
|---|---|--|
| <p>5. 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.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>6. 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.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>7. 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.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |

SECTION B – OTHER REQUIRED INFORMATION

- | | | |
|---|---|--|
| <p>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.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>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.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>3. Have you been discharged from a branch of the US 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 three (3) years.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>4. Have you resided outside of Wisconsin in the last three (3) years?
If Yes, list each state and the dates you resided there.
List each US City, State and Zip Code or Country below with begin and end dates (month and year).</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>5. If you are employed by or applying for the State of Wisconsin, have you resided outside of Wisconsin in the last seven (7) years? NOT APPLICABLE
If Yes, list each state and the dates you resided there.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>6. Have you had a caregiver background check done within the last four (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.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>7. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS-designated tribe?
If Yes, list the review date and the review result. You may be asked to provide a copy of the review decision.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |

Read and initial the following statement.

 I have completed and reviewed this form (F-82064, BID) and affirm that the information is true and correct as of today's date.

<p>NAME – Person Completing This Form</p>	<p>Date Submitted</p>
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