

**Volunteer/Buddy Application**

**PERSONAL INFORMATION**

**Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Last ) (First) (MI)**

**Present Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**(City) (State) (Zip)**

**Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you at least the age of 18? Yes No**

**If no, Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you applied for a volunteer/buddy position with us before? *(If yes, please give date*)\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever worked for PDI before? *(If yes, please give date)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

##### How did you hear about us? Newspaper Ad Employment agency Current Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you ever been convicted of a criminal offense, either misdemeanor and/or felony in the last 7 years? Yes No**

**If yes, provide date, court, final disposition and place where the offense occurred \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you currently have pending charges or are you under investigation for any violation of the law? Yes No**

**Do you have a valid driver’s license or State issued ID? *(Must be provided with application)* Yes No**

**Have you ever been required to register as a sex offender? Yes No**

**Can you with or without reasonable accommodation perform the essential functions of the volunteer/Buddy? Yes No**

***(Any questions and/or concerns about the functions of the job, may be addressed at the interview)***

**Do you have any relatives that are currently employed and/or a Board Member of Progressive Directions, Inc.? Yes No**

**If yes, provide name and relationship to you. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please provide any additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application.**

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**PERSONAL REFERENCES (Do Not List Relatives) One reference must have known a minimum of 5 yrs.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address** | **Telephone** | **Relationship/Occupation** | **Years Known** |
| **Name** | **Address** | **Telephone** | **Relationship/Occupation** | **Years Known** |
| **Name** | **Address** | **Telephone** | **Relationship/Occupation** | **Years Known** |

### APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

#### STATEMENT FOR RELEASE OF INFORMATION

## \*PLEASE READ CAREFULLY BEFORE SIGNING\*

I certify that all the information provided by me in this application (or any other accompanying or required documents) is correct, accurate, and complete to the best of knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of volunteer/buddy status.

I hereby authorize any and all schools, past employers, references, courts and any others who have information about me to provide such information to Progressive Directions, Inc. (PDI), and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damages that may result from providing such information. I understand that unsatisfactory results from these checks will result in withdrawal of any volunteer/buddy offer.

I understand that submission of an application does not guarantee volunteer/buddy status. I understand that none of the documents, polices, procedures, actions, statements of PDI or its representatives used during the interview process is deemed a contract of volunteer/buddy status, real or implied.

In consideration for volunteer/buddy status with PDI, I agree to conform to the guidelines, regulations, policies and procedures outlined by PDI at all times and understand that such compliance is a condition of volunteer/buddy status.

I, the undersigned applicant, certify and affirm that, to the best of my knowledge and belief, I **[“have” or “have not,”** as applicable] had a case of abuse, neglect, mistreatment or exploitation substantiated against me. As a condition of submitting this application and in order to verify this affirmation, I further release and authorize PROGRESSIVE DIRECTIONS, INC., the Tennessee Department of Intellectual and Developmental Disabilities and the Bureau of TennCare to have full and complete access to any and all current or prior personnel or investigative records, from any party, person, business, entity, or agency, whether governmental or non-governmental, as pertains to any allegations against me of abuse, neglect, mistreatment, or exploitation and to consider this information as may be deemed appropriate. This authorization extends to providing any applicable information in personnel or investigative reports concerning my employment with this employer to my future employers who may be Providers of DIDD services.

**I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.**

**BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature of Applicant) (Date)**

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**Parent/Guardian Signature (if under 18) (Date)**

**EMERGENCY CONTACT INFORMATION**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

###### Progressive Directions, Inc., was chartered by the State of Tennessee as a private

 **not-for-profit organization in 1976. Our mission is to serve the people of Montgomery**

**and Stewart Counties, acting in the public interest by providing quality services to individuals**

**with developmental disabilities and/or mental retardation. In order to fulfill this commitment**

**we are searching for caring people to provide services and supports for the individuals we serve**

**in our many programs.**

**Progressive Directions, Inc., is an equal opportunity employer and affords equal opportunity to all**

**applicants without regard to race, color, race, color, creed, religion, ancestry, age, sex, marital status,**

**disability or handicap, veterans’ status, or any other status protected related under local, state or federal laws.**