



# Volunteer/Buddy Application



## PERSONAL INFORMATION

Name (Print): \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 (Last) (First) (MI)

Present Address: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_  
 (City) (State) (Zip) **Email Address:** \_\_\_\_\_

Social Security Number (To complete background check): \_\_\_\_\_ 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. \_\_\_\_\_

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

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, policies, 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)

\_\_\_\_\_  
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 Henry, Maury, Montgomery and Stewart Counties, acting in the public interest by providing quality services to individuals with developmental disabilities, intellectual and/or physical disabilities. In order to fulfill this commitment, we are searching for caring people to provide services and supports for the people 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.

## **Progressive Directions Inc. Volunteer Code of Conduct**

1. To protect PDI, volunteers and program participants, at no time during a PDI program shall a volunteer person be alone with a participant where he or she cannot be observed by others.
2. Volunteers shall never leave a program participant unsupervised, regardless of the age of the participant.
3. Rest-room supervision: If a program participant needs to use the restroom, volunteers should ensure that the program participant's parent/guardian/support staff are notified. The program participant's parent/guardian/support staff are to assist the program participant. If volunteers notice that a program participant enters the restroom without supervision, volunteers will stand in the doorway of the restroom while the program participant is using the restroom. This policy allows privacy for the program participant and protection for the volunteer (not being alone with a program participant). Volunteers will ensure that the restroom is not occupied by suspicious or unknown individuals. No child, regardless of age, should ever enter a bathroom alone.
4. Volunteers shall not abuse children in any way, including
  - i. physical abuse—striking, spanking, shaking, slapping, and so on;
  - ii. verbal abuse—humiliating, degrading, threatening, and so on;
  - iii. sexual abuse—touching or speaking inappropriately;
  - iv. mental abuse—shaming, withholding kindness, being cruel, and so on;
  - v. neglect—withholding food, water, or basic care.
  - vi. No type of abuse will be tolerated and may be cause for immediate dismissal.
5. Volunteers must use positive techniques of guidance, including redirection, positive reinforcement, and encouragement rather than competition, comparison, and criticism. Volunteer will have age-appropriate expectations and set up guidelines and environments that minimize the need for discipline. Physical restraint is used only in predetermined situations (when necessary to protect the child or other children from harm), administered only in a prescribed manner, and must be documented in writing.
6. Volunteers will conduct a health check of each participant upon his or her arrival each time the program meets, noting any fever, bumps, bruises, burns, and so on. Questions or comments will be addressed to the parent or child in a nonthreatening way. Volunteer will document any questionable marks or responses.
7. Volunteers will respond to participants with respect and consideration and treat all children equally, regardless of sex, race, religion, culture, economic level of the family, or disability.
8. Volunteers will respect participant's rights not to be touched or looked at in ways that make them feel uncomfortable, and their right to say no.
9. Volunteers will refrain from intimate displays of affection toward others in the presence of children, parents, and volunteers.
10. Volunteers are not to transport children in their own vehicles or allow youth participants old enough to drive to transport younger children in the program.
11. Volunteers must appear clean, neat, and appropriately attired.
12. Using, possessing, or being under the influence of alcohol or illegal drugs during program hours is prohibited.

13. Smoking or use of tobacco in the presence of children or parents during program hours is prohibited.
14. Possession or use of any type of weapon or explosive device is prohibited.
15. Profanity, inappropriate jokes, sharing intimate details of one's personal life, and any kind of harassment in the presence of children, parents, volunteers, or other volunteers is prohibited.
16. Volunteers may not be alone with children they meet in PDI programs outside the program. This includes babysitting, sleepovers, driving or riding in cars, and inviting children to their homes. Any exceptions require a written explanation before the fact and are subject to prior administrator approval.
17. Volunteers must be free of physical and psychological conditions that might adversely affect children's physical or mental health. If in doubt, an expert should be consulted.
18. Volunteers will portray a positive role model for participants by maintaining an attitude of loyalty, patience, courtesy, tact, and maturity.
19. Volunteers should not give excessive gifts (e.g., TV, video games, jewelry) to participants.
20. Volunteers may not date program participants who are under the age of 18.
21. Under no circumstances should volunteers release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian (written parent authorization on file with PDI).
22. Volunteers are to report to the coordinator or PDI representative anyone who violates any of the policies listed in this Code of Conduct.
23. Volunteers are required to read and sign all policies related to identifying, documenting, and reporting child abuse and attend trainings on the subject, as instructed by a supervisor.
24. Volunteers will act in a caring, honest, respectful, and responsible manner consistent with the mission of the PDI.
25. I understand that any violation of this Code of Conduct may result in termination and/or removal from the program.

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**Volunteer signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Supervisor signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Revised 08/16/2021**

## Affirmative Action Program Information Form

Progressive Directions, Inc. is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as handicapped, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

### Section 1: General Applicant Information

Name:

Date:

**Position applied for:**

### Section 2: Please check all that apply below:

#### Race or Ethnic Identity

- Hispanic or Latino
- White (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Native Hawaiian or Pacific Islander (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- American Indian or Alaskan Native (not Hispanic or Latino)
- Two or More Races (not Hispanic or Latino)
- I do not wish to Self-Identify

Signature \_\_\_\_\_

#### Veteran Status

- Vietnam Era Veteran
- Special Disabled Veteran
- Other Eligible Veteran
- Other \_\_\_\_\_
- Individual with Disabilities

#### Gender

- Male
- Female

### How did you hear about our openings?

Current Employee \_\_\_\_\_

Recruiter

Newspaper ad

Other – Explain Below: \_\_\_\_\_