



*"Making a Difference in Lives One Piece at a Time"*

## **Puzzle Pieces, Inc.**

### **Application for Volunteers and Buddy Program**

**Volunteer Program:** Individuals who want to volunteer their time to support our administrative staff by helping with paperwork, mailings, running errands, supply shopping, answering the phone, cleaning, and any tasks that would assist in Puzzle Pieces' operational demands.

**Buddy Program:** Individuals, at least 14 years of age, who want to volunteer their time to socialize and support the clients we serve with special needs in any situation that our staff finds appropriate. Volunteers can help create and implement social games, activities, crafts, and much more. Puzzle Pieces' mission behind this program would be for our buddies to develop long-lasting friendships that will impact not only our client's lives, but our buddies as well.

Today's Date: \_\_\_\_\_

Interested in volunteering for the:     Volunteer Program     Buddy Program

#### **Personal Information**

Name:

Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Cell Phone:

Email:

Why are you interested in volunteering?     Personal interest     Educational/Scholarships

Community Service Hours     Court ordered     Other \_\_\_\_\_

Age    \_\_\_\_over 18                      \_\_\_\_under 18

Have you ever worked or do you currently work for Puzzle Pieces?

Do you have a valid driver's license?

Do you have a car available for use while volunteering?

#### **Experience and Education**

What is your educational/training background?

Have you had any previous experience as a volunteer? If so, with what organizations, and what kind of work did you do?

Does your current employer have (check all that apply):     Program for volunteering

Puzzle Pieces, Inc.

Phone: 270-316-2676

P.O. Box 24 \* Owensboro, Ky 42304

Email: [amandaowen@puzzle-pieces.org](mailto:amandaowen@puzzle-pieces.org)

Donation matching program     Grant preference to organizations where you volunteer

**Your Interests at Puzzle Pieces**

How did you learn about Puzzle Pieces?     Website     Facebook     Puzzle Pieces' Employee  
 Current Volunteer     Client at Puzzle Pieces' Parent     School  
 Other *Please specify* \_\_\_\_\_

What do you wish to do at Puzzle Pieces:

<input type="checkbox"/> Plan, design activities	<input type="checkbox"/> Write Thank you notes
<input type="checkbox"/> Socialize/interact through games	<input type="checkbox"/> Help with Paperwork
<input type="checkbox"/> Cook and/or support clients with other life skills	<input type="checkbox"/> Manual labor (clean/landscape/etc.)
<input type="checkbox"/> Support clients with job-like responsibilities	<input type="checkbox"/> Front Desk (answer phone)
<input type="checkbox"/> Anything needed as long as I am with clients	<input type="checkbox"/> Run errands/supply shop
<input type="checkbox"/> Other _____	

How long can you commit to volunteering?     One time     Occasionally     3-6 months  
 6 months or more     Other \_\_\_\_\_

What days are you available?     Mondays     Tuesdays     Wednesdays     Thursdays     Fridays  
 Saturdays     Sundays

What times are you available?     Mornings     Afternoons     Last Saturday of the Month

Date you can begin service: \_\_\_\_\_

**List Hobbies/interests:**

Skills you would like to use while volunteering:

Do you have any special needs or restrictions we should be aware of?:

**Criminal History**

All volunteer positions require a Criminal History check. Have you ever been convicted of a felony?  
 Yes     No  
If yes, explain.

**Please describe in 3-5 sentences why you want to be a volunteer or buddy at Puzzle Pieces:**

Why, at this particular time in your life have you chosen to volunteer with us? What do you hope to gain from being a volunteer?



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*Puzzle Pieces considers applicants for buddies/volunteering without regard to sex, race, age, religion, national origin, veteran or marital status, or any other legally protected status. We provide reasonable accommodation to qualified individuals with disabilities when it would not be an undue hardship. If you need a reasonable accommodation in the pre-placement process, please contact the Executive Director/Business Manager.*

**AUTHORIZATION AND AGREEMENT BY APPLICANT**

1. I certify that the facts set for in this volunteer application are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation in my application or placement interview may result in the rejection of my application or discharge from the volunteer program.
2. I consent to having Puzzle Pieces complete a criminal background check and nurses registry check prior to volunteering and will pay the \$30.00 fee for these checks.
3. I agree to complete a drug screening and TB screening requirements relevant to the position for which I am applying and will pay the \$60.00 fee for these test.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (required if less than 18 years of age)      Date

**DRUG AND ALCOHOL TESTING CONSENT**

Puzzle Pieces recognizes the costs to society and to individuals from drug and alcohol use. The Agency maintains a firm commitment to strive to provide reliable service to its clients and a safe and healthy work environment for its buddies/volunteers. While the vast majority of buddies/volunteers are not involved with alcohol abuse or illegal drugs, those who are can have an adverse impact on the workplace, as well as their own job performance. To meet our obligations, and to comply with our obligation under the Drug Free Workplace Act of 1988, the following policy has been adopted and will be enforced:

1. Puzzle Pieces prohibits the unlawful use, sale, possession, manufacture, distribution, or being under the influence of alcohol, drugs or any controlled substance, on Puzzle Pieces' property, in the presence of Puzzle Pieces' clients, while on duty, during rest periods and break periods, while attending an Puzzle Pieces' sponsored event.
2. Buddies/Volunteers who violate this prohibition will be subject to disciplinary action, up to and including termination. Nothing in this policy restricts the Puzzle Pieces' right to terminate a buddy/volunteer at any time, with or without notice, for any reason not expressly prohibited by law.
3. Puzzle Pieces retains the right to require any buddy/volunteer to report for drug and/or alcohol testing for reasonable suspicion or following an accident in which there is injury to persons or damage to property.
4. Buddies/volunteers must abide by the terms of this statement and must notify the employer of any criminal drug conviction within five days of the conviction if workplace conduct is involved.
5. New buddies/volunteers will be required to report for drug testing after a placement offer has been made but before reporting for the assignment.

I have read and understand the Drug Free Workplace Compliance Statement. I agree to comply with the Puzzle Pieces' Drug and Alcohol Policy. I understand that any offer of placement Puzzle Pieces may be contingent upon the successful completion of drug testing before beginning assignment, and I consent to testing according to Puzzle Pieces' policy.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (required if less than 18 years of age)      Date



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**Buddy Program Reference Check**

**This reference check must be completed and mailed to Puzzle Pieces if the individual signing up to be in the Buddy Program only. If the individual is currently in school, a teacher must fill out the reference check. If the individual is out a school anyone of their choice, except family member can complete.**

\_\_\_\_\_ is applying for a Buddy Program position with Puzzle Pieces and has listed you as a reference. Please assist us returning this completed form to the Executive Director by mailing to: P.O. Box 24 \* Owensboro, Ky 42304.

**Reference:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Please describe your relationship with the applicant and the number of years/months you have been acquainted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are some of the applicant's greatest strengths?

\_\_\_\_\_  
\_\_\_\_\_

What are some of the applicant's greatest challenges?

\_\_\_\_\_  
\_\_\_\_\_

If applicable, would you recommend this person to volunteer with individual with special needs?

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

Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please provide a phone number where we can best reach you: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_