



Tangram

Reshaping the idea of disability

VOLUNTEER APPLICATION

Date: _____

Name: _____

(Last)

(First)

(M.I.)

Date of Birth (MM/DD/YYYY) _____

Address: _____

(Street)

(Apt #)

(City)

(State)

(Zip Code)

(Fill out each line, but please indicate preferred method of contact by checking the appropriate box below)

Home Phone #: _____ Are you at least 18 years of age or older? ___ Yes ___ No

Cell Phone #: _____ Email Address: _____

Employer: _____ Title: _____ Office #: _____

Emergency Contact: _____ Phone #: _____ Relationship: _____

Club/Group Affiliation (if applicable) _____

VOLUNTEER INTERESTS *Please check all that apply.*

- Special Events:** Fundraisers, client holiday parties and other special events to raise community awareness
- Office Support:** Mailings, filing, answering phones, copying, binder assembly, data entry, etc.
- Special Interest Volunteer:** Volunteers to assist one on one or volunteer in a small group setting: art, crafts, music, cooking, pet care, computer skills training, or any other talents or skills you may want to share with Tangram clients.
- Social Volunteer:** If you have 4-6 hours a month you can make a difference! Develop a one-on-one relationship with a Tangram client.
- Home/Property Support:** Landscaping, painting, spring cleaning, washing vans, general maintenance at client homes
- Other Ideas, Interests or Skills I Have:** _____

AVAILABILITY *Please check all that apply.*

Days Available

___ Sunday ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday

Times Available

___ Morning ___ Afternoon ___ Evening Specific Hours Available: _____

How did you hear about this position? (Be specific) _____

Have you ever been employed by Tangram/IRL? ___ No ___ Yes *Dates employed:* _____

Have you ever been convicted of a crime? ___ Yes ___ No If yes, please explain and give dates below.

Prior convictions will not necessarily bar you from participating in volunteer activities. The type of conviction and when it occurred will be considered.

5155 Pennwood Drive, Indianapolis, IN 46205

Office: (317)571-1042 ♦ Fax: (317)571-1043 ♦ www.theTangramWay.org

Equal Opportunity Employer

CONFIDENTIALITY AGREEMENT

The protection of both Tangram's private business information and client information is critical to the success of the organization and the services it provides to clients. At no time will a client's personal, medical, financial, etc. information be released without written consent by the client. At no time will any of Tangram's private business information, including donor information, be released. If client information is requested, volunteers must obtain the proper release forms. Depending on the type of volunteer activity, volunteers will receive training on release of information as outlined in HIPAA, the Health Insurance Portability and Accountability Act of 1996.

Signature of Applicant: _____ Date: _____

ACKNOWLEDGEMENTS / AUTHORIZATIONS

I authorize Tangram, Inc. and its designated representative to investigate all of the information in this application. I understand and agree that an omission or misstatement of any of the information requested will result in disqualification or immediate termination of the volunteer relationship regardless of the date of discovery.

I understand the volunteer approval process will include appropriate background checks, which, depending on the type of volunteer activity, may include State and County Criminal History Reports, an Indiana Online Licensing Search, a Sex and Violent Offenders Directory Search, a Department of Health and Human Services OIG Background Check, and/or Driving Record Search. Information must meet agency/regulatory guidelines. A conviction record will not necessarily disqualify me from volunteering.

I understand that Tangram, Inc. is an Equal Opportunity Employer. Tangram, Inc. does not discriminate in employment or volunteering and no question on this application is used for the purpose of limiting or excusing an applicant's consideration for volunteering on a basis prohibited by local, state, or federal law.

This application does not constitute an employment contract or an offer of employment. A volunteer relationship with Tangram, Inc. can be terminated with or without cause and without notice at any time, at the option of either the volunteer or Tangram, Inc.

Signature of Applicant: _____ Date: _____

I grant Tangram the right to use my photograph, voice, or image, with or without my name, for any and all purposes including, but not limited to, presentation on radio, television, or in other public or private places, and advertising, publicity and promotion relating thereto. As a volunteer for Tangram, I plan to perform all of the assigned duties and follow all of the procedures as provided to me or as discussed in orientation.

The volunteer relationship can be terminated, with or without cause and without notice, at any time, at the option of either the volunteer or Tangram.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian
(if under 18 years old): _____ Date: _____

****FOR "CONSUMER CONNECTIONS" VOLUNTEERS ONLY****

CONSENT FOR DRUG TESTING & RELEASE OF INFORMATION

Consistent with Tangram's Alcohol and Drug Testing Policy, we require drug screening for all applicants volunteering to directly work one-on-one with individuals receiving Tangram services, prior to the start of volunteering. Applicants may be required to submit to a post-offer drug test as part of the volunteer process, and the drug test must result in a negative finding for the illegal use of a controlled or synthetic substance.

I hereby consent to provide a urine and/or blood test, although not limited to, at a location and within a time frame as specified by the company. I understand that my failure to consent to drug testing at the time and location specified by the company requires that I be removed from further consideration for volunteering.

I agree to release and hold harmless the company, its representatives, its agents, its associates and the specified testing facility from any and all liability and damages resulting or arising from a drug test, or in connection with any action taken by the company in reliance upon the test results, or from the release of the results of any such test. I also give my consent to release the post-offer drug test results and other test-related information to the company, its representatives, its agents, its associates and the specified testing facility.

Signature of Applicant: _____ Date: _____



5155 Pennwood Drive
Indianapolis, IN 46205
Phone: (317) 571-1042
Fax: (317) 571-1043

CRIMINAL RECORDS REQUEST

I, _____, have lived in the following county (counties) in the past three (3) years. My date of birth is _____. My Social Security Number is _____. I give my permission to the following law enforcement agencies to release any and all criminal records to Tangram.

Please check all that apply:

_____ Hamilton County Sheriff's Department

_____ Hancock County Sheriff's Department

_____ Hendricks County Sheriff's Department

_____ Johnson County Sheriff's Department

_____ Marion County Sheriff's Department

_____ Morgan County Sheriff's Department

_____ Shelby County Sheriff's Department

_____ Other: _____ (Please indicate county and state if other than Indiana.)

_____ Other: _____

_____ Other: _____

Applicant's Signature

Signature of Witness

By signing this, I agree that a photocopy is valid for this request.

Date Signed

AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I, _____

LAST NAME	FIRST NAME	MIDDLE NAME	(PLEASE INCLUDE Jr., Sr., II, III Etc.)
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understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention ("Work") Tangram will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to Tangram. Tangram uses Abso, a consumer-reporting agency, as an agent to perform its Employment related background investigations.

Abso will utilize various sources of information it deems appropriate including but not limited to: criminal conviction records, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, professional and personal references and workers compensation records including any and all I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to Tangram and Abso.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Work from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by Tangram if Work is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to Tangram. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: Abso, 101 Creekside Ridge Court 2nd Floor, Roseville, CA 95678. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.

Signed	Today's Date		
Name as it appears on your driver's license	Position Applied For		
Social Security Number	Date of Birth	Driver's License Number	State

Other names you have used or are also known as, including maiden name, name changes and any aliases

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Current Address:	Street	Apt.#	City	State	Zip Code	From	Mo./Yr. / Mo./Yr.
Former Address:	Street	Apt.#	City	State	Zip Code	From / To?	/
Former Address:	Street	Apt.#	City	State	Zip Code	From / To?	/
Former Address:	Street	Apt.#	City	State	Zip Code	From / To?	/



5155 Pennwood Drive
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 Phone: (317) 571-1042
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REFERENCE CHECK FORM

*Dear Reference Contact,
 Please answer the following questions regarding the applicant listed on this form. This information will be very helpful to us in our selection process. We appreciate your time, effort and candor in providing us with this valuable information.*

To be completed by applicant: Please provide the following reference information. We need a minimum of **TWO (2)** Professional/Employment References to consider your application. Please print.

Applicant Name _____ Position Applied For _____

Professional/Employment Reference: _____ Personal Reference _____

Name _____ Business: _____

Address _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____

I hereby authorize Tangram to contact the above named reference and release Tangram and the above-mentioned reference from any liability resulting from the information gathered.

Applicant Signature _____ Date: _____

To be completed by above mentioned employer or individual:

Position title: _____ Hire date _____ Termination Date _____

Responsibilities: _____

Reason for termination: _____

Eligible for Rehire: Yes No

Please rate the following by circling your response:

	Excellent	Above Average	Average	Below Average
Attendance	Excellent	Above Average	Average	Below Average
Job Performance	Excellent	Above Average	Average	Below Average
Response to pressure	Excellent	Above Average	Average	Below Average
Interpersonal skills	Excellent	Above Average	Average	Below Average
Overall rating	Excellent	Above Average	Average	Below Average

Comments: _____

The information I have given is accurate to the best of my knowledge:

Information received from _____ Date _____

Authorized signature _____ Title or Relationship _____

Company _____



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 Address _____ City _____ State _____ Zip _____
 Phone: _____ Fax: _____

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 Responsibilities: _____
 Reason for termination: _____

Eligible for Rehire: Yes No

Please rate the following by circling your response:

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Job Performance	Excellent	Above Average	Average	Below Average
Response to pressure	Excellent	Above Average	Average	Below Average
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