



**2017-18 Brain Builders Volunteer Application**

Please complete and return to us either by email ([LHamilton@StaffordJunction.org](mailto:LHamilton@StaffordJunction.org) Fax: 540-301-0032 or mail to **P.O. Box 5405 Fredericksburg, VA 22403** or fax to **540-301-0032**. Criteria used in the selection of volunteers will be such as to insure that the individual is able to meet the confidentiality requirements of *Stafford Junction*. No individual will be rejected because of race, color, religious creed, national origin, sex, age, or marital status. **ALL VOLUNTEERS will need to complete a Volunteer Orientation / Training session. Over 18 will require Background Check and Fingering printing at no charge to you**

**ORIENTATION/TRAINING: 9/18, 9/19 OR 9/25 3:30 TO 4:30 – AT STAFFORD JUNCITON – 791 TRUSLOW RD, FREDBG 22406**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Numbers: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 In case of emergency, Contact: \_\_\_\_\_  
 Relationship to Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

**SCHOOL or EMPLOYMENT INFORMATION**

Please check one:     Work Full-Time     Work Part-Time     Retired     Student     Other  
 Employer or School \_\_\_\_\_ Position or Grade \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_  
 Brief description of work: \_\_\_\_\_  
 \*\* Note: Students will be asked to get a letter of recommendation from a school staff member.

**VOLUNTEER INFORMATION**

Where did you learn about our volunteer opportunities? \_\_\_\_\_  
 Please explain why you are interested in becoming a volunteer with *Stafford Junction*:  
 \_\_\_\_\_  
 Please list any current or prior volunteer/community activity experiences (organization, position):  
 \_\_\_\_\_  
 Please list any areas of expertise or special skills you could bring as a volunteer:  
 \_\_\_\_\_  
 Please list any health concerns that we might need to be aware of:  
 \_\_\_\_\_

**AVAILABLILITY (Check all that apply) - Please indicate which days you are available:  
 Brain Builders is from 3:30 to 5:00 pm / Starting October 2 to first week of April**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY

Please indicate which school is the closest to you. 1<sup>st</sup> choice: \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_  
**SCHEDULE:** Mon & Wed – Kate Waller Barrett Elem, Ferry Farm Elem., Hampton Oaks Elem.  
 Tues & Thurs – Hartwood Elem, Rocky Run, Falmouth Elem, Drew Middle, Stafford High (Tues Only)

Do you have a driver's license?  Yes  No Do you have regular access to a car?  Yes  No

Please list languages other than English in which you fluently speak: \_\_\_\_\_

### **BACKGROUND INFORMATION**

1. Do you currently use illegal drugs?  Yes  No If yes, explain: \_\_\_\_\_
2. Have you ever been convicted of a criminal offense?  Yes  No If yes, explain: \_\_\_\_\_
3. Have you ever been convicted of child abuse or neglect?  Yes  No If yes, explain: \_\_\_\_\_
4. Has your driver's license ever been suspended?  Yes  No If yes, explain with dates: \_\_\_\_\_
5. Any other facts or circumstances involving you or your background that would call into question you being entrusted with the supervision, guidance and care of young people?  Yes  No  
If yes, explain \_\_\_\_\_

### **BACKGROUND/REFERENCE CHECK AUTHORIZATION:**

All Volunteers over the age of 18 will undergo a basic background check (at no cost to you) through "Protect My Ministry" A Email will be sent to you with the link to submit your information.

The Stafford School district now requires ALL adult volunteers be fingerprints, Form will be provided to take to the school district office.

The information contained in this application is correct to the best of my knowledge. I hereby authorize Stafford Junction and its designated agents and representatives to contact my references and to conduct a comprehensive review of my background report to be generated for volunteer purposes.

I understand that the scope of the report may include, but is not limited to the following areas: verification of social security number, current and previous residences; employment history, education background, character references; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Stafford Junction or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Stafford Junction and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

**Photograph & Video Waiver:** For both internal and external use including but not limited to Stafford Junction's website and Facebook, I acknowledge that Stafford Junction may utilize photographs or videos of the participants that may be taken during involvement in the activities. I consent to such uses and hereby waive all rights of compensation.

**Contract for Confidentiality:** As a volunteer at Stafford Junction, Inc. I understand that as part of my work I may, at times have access to information that is considered confidential. I acknowledge my responsibility to respect confidential information pertaining to the families Stafford Junction serves. I understand that failure to adhere to the above mentioned will result in dismissal as a volunteer and possible legal action.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Printed Name: \_\_\_\_\_

If under the age of 18 Parental approval required by signing here: \_\_\_\_\_

Please print name and relationship of minor volunteer: \_\_\_\_\_