



2018-19 Brain Builders Volunteer Application

Please complete and return to us either by email LHamilton@StaffordJunction.org Fax: 540-370-8826 or mail to **791 Truslow Road Fredericksburg, VA 22406**. 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.** Start Date: first week in October.*

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: _____

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:

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

MONDAY	TUESDAY	WEDNESDAY	THURSDAY

Please indicate which school is the closest to you. 1st choice: _____ 2nd Choice _____

SCHEDULE: Mon & Wed – Kate Waller Barrett, Ferry Farm, Hampton Oaks, Falmouth Elem. Plus NEW Wed Reading at Rocky Run.
 Tues & Thurs – Hartwood Elem, Rocky Run, Drew Middle (Start Date: 9/25 DMS), and Stafford High is 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 participated in, been accused or convicted of, or pleaded guilty or no contest to any abuse or sexual misconduct or 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. Are there 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 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: National Criminal Database Search, SSN Verification & Address History, and National Sex Offenders Registry.

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 would 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: _____