



For Office Use: _____
Background Check: _____
Entered in AllClients: _____
Orientation/Training: _____
Agreement/Manual: _____

Brain Builders Volunteer Form 2021-2022

General Information (Please Print Clearly)

First Name _____ Middle Initial _____ Last Name _____

Street Address _____

City, State _____ Zip _____

Email _____

Cell Phone _____ Home Phone _____ Work Phone _____

Medical issues or allergies _____

Age _____ DOB _____

If you are under 18 years of age, do you have parental permission to volunteer? Yes No

Do you have a driver's license? Yes No

If not, who will be responsible for your transportation? _____

Can you perform the essential functions of the volunteer position for which you are applying, with or without reasonable accommodation? Yes No

Emergency Contact (Please Print Clearly)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Schools/Days/Hours:

Mon/Wed, 4:30-6:00 pm, Virtual, 45 min time blocks:
Anne Moncure, Falmouth, Kate Waller Barrett Elementary

Tues/Thur, 3:00-4:30 pm: Drew Middle

Tue/Thur, 4:30-6:00 pm, Virtual, 45 min time blocks:
Conway and Rocky Run Elementary

Tue Only, 6:00-8:00 pm: Stafford High @
Stafford Junction

*All Brain Builders volunteers and Site Coordinators are required to attend a training/orientation session, dates/times to be emailed prior to start of Brain Builders program.

*A no-cost background check link will be sent via email and must be completed prior to start as a volunteer.

*A reminder will be emailed, containing school start dates and required arrival/start times for volunteers.

Volunteer Availability

Circle available days:

Monday Tuesday Wednesday Thursday

Circle Volunteer Position Applying for:

Site Coordinator (Must be online from 4:30 – 6:00 pm.)

Virtual Tutor

On-site Tutor (Masks required, only available for Drew and SHS.)

Preferred School: _____ 2nd Choice: _____

Background Information

All Volunteers over the age of 18 will undergo a basic background check (at no cost to you). An email will be sent to you with the link to submit your 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 + 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 _____

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.

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.

Stafford Junction shall maintain all information received from this authorization in a confidential manner to protect the applicant's personal information including, but not limited to, addresses, social security numbers, and dates of birth.

Photograph and Videotape Policy

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.

Application Acknowledgement and Authorization

I certify that all information provided by me in this application is correct to the best of my knowledge. I understand that the falsification or omission of any facts in this application will result in denial of/termination of volunteer opportunities, regardless of the timing or circumstances of discovery. If hired as a volunteer, I agree to always abide by Stafford Junction policies and rules. I acknowledge that I have read the above statements and understand them.

Release from Liability. I agree that my consent is irrevocable. I hereby release and discharge Stafford Junction and collaborating third parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

Contract for Confidentiality. As a volunteer of Stafford Junction, Inc., I understand 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 failure to adhere to the above mentioned may result in dismissal as a volunteer and possible legal action.

Signature: _____

Date: _____