



BREWER SCHOOL DEPARTMENT
261 Center Street • Brewer ME 04412
Phone 207-989-3160 • Fax 207-989-8622

Form IJOC-2
Revised August 2025

VOLUNTEER APPLICATION

THIS APPLICATION MUST BE COMPLETED ANNUALLY, REGARDLESS OF LENGTH OF SERVICE.
THE FOLLOWING INFORMATION IS REQUESTED TO HELP US COORDINATE VOLUNTEER SERVICES AND TO ENSURE STUDENT SAFETY.

First Name: _____ Last Name: _____

Middle Name: _____ Date of Birth: _____

REQUIRED FOR BACKGROUND CHECK

Any Previous Names: _____

Phone: _____ Email: _____

Permanent Address: _____

If applicable, provide names and grades of your child(ren)/student(s) who attend Brewer Schools:

If your volunteer opportunity has a start and end date (i.e. student teaching, internship, observation, etc.) please indicate those dates and the name of the teacher/staff member with whom you'll be volunteering.

AREA(S) OF VOLUNTEER INTEREST – Use the space below to share your volunteer interest.

IMPORTANT NOTE – If you are applying for a volunteer opportunity involving the transport of Brewer students (including your own), you **must** provide a clear copy of the below current and valid documentation.

_____ Driver's License

_____ Vehicle Registration for the vehicle being used to transport

_____ Proof of Insurance for the vehicle being used to transport

These items may be shared in person (we will make photocopies of your originals), by fax at 207-989-8622, or by email. Give the office a call at 207-989-3160 and we'll provide you an email address. Please make sure items sent electronically are clear and legible.

EDUCATION | TRAINING | EXPERIENCE – List/describe any education, training, and/or experiences you have had which would help us in meeting the needs of our students.

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REFERENCES – List three persons who can comment on your character and abilities whom we may contact.

NAME	POSITION/RELATIONSHIP	ADDRESS	CONTACT NUMBER(S)

BACKGROUND

FOR EACH OF THE BELOW QUESTIONS, CHECK YES OR NO	YES	NO
1. Have you ever been charged with or investigated for sexual abuse or harassment of another person?		
2. Have you ever been convicted of a crime (other than a minor traffic offense)?		
3. Have you ever entered a plea of guilty or “no contest” (nolo contendere) to any crime (other than a minor traffic offense)?		
4. Has any court ever deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty or court costs and/or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime (other than a minor traffic offense)?		

If you answered YES to any of the previous questions, provide full details below, including with respect to court actions, the date, offense in question, and the address of the court involved (attach additional pages if necessary).

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If you have lived outside of Maine, please identify the states and dates below.

Refusal to provide authorization for reference, background, and sex offender registry checks, and/or providing false or misleading information on this registration shall constitute sufficient reason to deny approval to serve as a volunteer or termination as a volunteer in the Brewer School Department.

I understand that the Brewer School Department performs reference and criminal records checks on all volunteers and I authorize persons and entities contacted by the School Department in connection with this application to provide information about me. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the school department, its agents and officials or against any provider of such information. I further understand that if I am approved as a volunteer, that I will be required to sign a Volunteer Agreement and Training Forms.

Applicant Signature: _____ **Date:** _____

OFFICE USE ONLY

_____ Application reviewed for completeness Date: _____

_____ References checked (attach) _____ Approved _____ Denied

_____ Maine Criminal History Record Check Authorized Official: _____

_____ Maine Sex Offender Registry Check

_____ Maine Driver's Record Check – if relevant

_____ If relevant, license, registration, and insurance (attach)

Please note, by typing your name in the signature boxes throughout this document you, as volunteer applicant, acknowledge that your provided information is accurate and complete to the best of your knowledge.

Continue down and complete Pages 4-6 to finish your application

BREWER SCHOOL DEPARTMENT
261 CENTER STREET
BREWER ME 04412

VOLUNTEER AGREEMENT FORM

I understand that as a volunteer in the Brewer School Department that ALL student and staff information is confidential. I agree not to access, review, disclose or use confidential student or staff information without specific authorization from a school administrator. I also understand that even when I am no longer a volunteer in the schools, any confidential information I have learned must continue to be kept confidential. I understand that any breach of these confidentiality requirements will result in my immediate termination as a volunteer and may result in legal action against me.

I understand that I must comply with all School Department policies and school rules applicable to school staff as well as all directions from school administrators and staff while serving as a volunteer. I further understand that my authorization to serve as a volunteer may be terminated at the discretion of the Superintendent and school principal at any time if they determine it is in the best interests of the Brewer School Department.

SIGNATURE OF VOLUNTEER

DATE

SCHOOL VOLUNTEER UNIVERSAL PRECAUTIONS TRAINING

Universal Precautions – “Treating all blood and body fluids as if they were infection with a blood borne disease”. The two most common types of these diseases are the hepatitis B virus (HBV) and the human immunodeficiency virus (HIV). Hepatitis C (HCV) is also a blood borne virus but very uncommon and Hepatitis A (HAV) is not a blood borne disease. Because we can all, as school employees and/or volunteers, potentially anticipate contact with blood or potentially infectious body fluids while at work or while volunteering at the school, it is important for you to be aware of the following plan.

1. Consider all body fluids to be potentially infectious.
2. Vinyl or latex gloves must be worn when handling blood or other body fluids. These are available from the office or school nurse).
3. After removing gloves, wash hands and any other potentially contaminated skin areas immediately or as soon as possible with soap and running water.
4. Blood borne pathogens can enter the body through open cuts and nicks, skin abrasions, dermatitis, acne or mucous membranes of your eyes or nose.
5. All contaminated surfaces should be cleaned after any spill of blood or other potentially infectious material. (EPS approved disinfectants are available or a solution of 1 part bleach to 10 parts water may also be used).
6. Dispose of contaminated waste (tissues, paper towels, gauze sponges, etc.) in a plastic trash bag. This should then be dumped into the dumpster and replaced by a clean one. Bloody items should not stay in the classroom wastebaskets.

NOTE: Please report any staff, volunteer or student “direct exposure” to body fluids to the school nurse within 24 hours. A post exposure evaluation will be offered and a follow-up will be in accordance with OSHA standards. Human bites are considered an exposure and should also be reported.

I have read and understand the above information on Universal Precautions in schools.

SIGNATURE OF VOLUNTEER

DATE

SCHOOL VOLUNTEER FERPA TRAINING

CONFIDENTIALITY OF STUDENT INFORMATION

***The Safe Schools Law established both a criminal penalty and a potential liability penalty for any person who discloses personally identifiable information to an unauthorized party.**

Confidentiality of Student Information:

1. All information regarding any student is extremely confidential.
2. Schools must protect personally identifiable information from unauthorized disclosure.
3. Parental consent must be obtained for release of personally identifiable information regarding their child.
4. Parents have a right to access the educational record of their child.
5. Each district must maintain a record of all individuals who have received access to confidential student records.
6. All school employees must receive training in confidentiality and student discipline.
7. Any information or statement given to an unauthorized person about any student is a violation and potentially subject to criminal penalty or liability. Unauthorized person are anyone except: someone with written consent and someone with a need to know for the purpose of providing a free and appropriate public education.

In Summary:

The **Family Educational Rights and Privacy Act (FERPA)** is Federal Law that protects the confidentiality of the students and their families. While the major focus of the law is on student records, it also covers any and all student information. **All information about students that is personally identifiable is confidential and should be kept that way** (some examples may include anything to do with grades, grading papers, discussing a student with another teacher, discipline, social/peer relationships, etc.). Do not discuss student with out-of-school persons or in public places. This is a big one that seems to happen far too often. Also, please remember that the posting of any personally identifiable information on social networking sites such as Facebook is a FERPA violation.

I have read and understand the above information on FERPA in schools.

SIGNATURE OF VOLUNTEER

DATE