

Fort Bragg  
**YOUTH SPORTS AND FITNESS VOLUNTEER APPLICATION**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

E-MAIL \_\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_

LIST ALL CHILDREN (FIRST AND LAST NAME) IN YOUR HOUSEHOLD THAT ARE GOING TO PARTICIPATE IN YOUTH SPORTS:

HAVE YOU PREVIOUSLY SUBMITTED AN APPLICATION? ( ) YES ( ) NO IF YES, WHEN? \_\_\_\_\_

PREVIOUS COACHING, ASSISTANT COACHING, OR TEAM MOM EXPERIENCE/RELEVANT SKILLS: \_\_\_\_\_

POSITION APPLYING FOR: ( ) HEAD COACH ( ) ASSISTANT COACH ( ) TEAM MOM/DAD  
IN WHICH LOCATION WOULD YOU LIKE TO COACH: ( ) Main Post or ( ) Linden Oaks

**TYPE OF VOLUNTEER WORK (PLEASE CHECK ALL THAT APPLY):**

FALL SPORTS: ( ) SOCCER ( ) FLAG FOOTBALL ( ) TACKLE FOOTBALL ( ) CHEERLEADING ( ) VOLLEYBALL  
( ) TENNIS PREFERRED AGES: \_\_\_\_\_

WINTER SPORTS: ( ) BASKETBALL ( ) CHEERLEADING ( ) BOWLING PREFERRED AGES: \_\_\_\_\_

SPRING SPORTS: ( ) SOCCER ( ) T-BALL ( ) COACH PITCH ( ) BASEBALL  
( ) SOFTBALL ( ) LACROSSE ( ) TRACK AND FIELD PREFERRED AGES: \_\_\_\_\_

SUMMER SPORTS CLINICS: ( ) FOOTBALL ( ) SOCCER ( ) CHEERLEADING

Have you ever been arrested for or charged with a sex crime, a crime involving a child, a substance abuse felony or a violent crime?  
YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been asked to resign or been not selected for coaching because of or been de-certified for a sexual offense?  
YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please provide a description of the case disposition.

I declare under penalty of perjury the information contained in this application form and any attachments or documents submitted in connection with my application to volunteer are true and correct to the best of my knowledge, information and belief.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

\*If you have not been selected to coach within one year of this application, you must re-apply\*

\*Coaching Positions ARE NOT GUARANTEED\*

IMCOM-HQ CYS SERVICES VOLUNTEER SPORTS AND FITNESS COACH JOB  
DESCRIPTION – Page 1



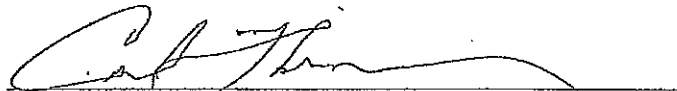
U.S. Army Child, Youth  
& School Services

- Organization:** IMCOM-HQ, Child, Youth and School (CYS) Services Sports and Fitness (SF)
- Position Title:** CYS Services Sports and Fitness Volunteer Coach
- Summary:** *A good coach improves your game. A great coach improves your life* – Michael Josephson
- Duties:** Teach proper skills, fundamentals of rules, strategies and procedures needed to participate in a specified sport in accordance with the CYS Services requirements. Be present at scheduled practices and games at least fifteen minutes before the scheduled starting time. Inform CYS Services SF staff members regarding changes, concerns and issues. Keep players and parents informed about all practice and/or games times and any changes. Maintain a focus on sports skill development, recreation, maximum participation of players, and leisure activities. Maintain CYS Services property, role model appropriate behavior (e.g., Army Values, CYS Services Statement of Understanding) and abide by the CYS Services SF philosophy.
- Time Required:** Practices are generally held during the period  
Monday – Friday: 1700-2000  
Note: Practices must be conducted IAW CYS Services guidance
- Games are generally held Saturday: 0800-1700  
Note: Average – one game per week; times vary.
- Benefits:** Program is designed to promote positive attitudes and reinforce CYS Services SF philosophy and Army core values to offer children and youth opportunities to feel competent and instill values associated with the pursuit of skills in sports, fitness, nutrition and recreational activities.

**IMCOM-HQ CYS SERVICES VOLUNTEER SPORTS AND FITNESS COACH JOB  
DESCRIPTION – Page 2**

- Training:** National Youth Sports Coaches Association (NYSCA)  
Child Abuse Reporting, Prevention, Identification and Recognition  
Developmentally Appropriate Practices  
First Aid / CPR Orientation  
Concussion Training
- Orientation:** CYS Services Sports and Fitness Certification Clinic  
Parents Association for Youth Sports (PAYs) Orientation  
Parent Meeting specific to sport meeting being coached
- Qualifications:** Background/clearance check IAW CYS Services guidance
- Supervisor:** CYS Services Sports and Fitness Director
- Assessment:** CYS Services SF Volunteer Coaches will receive feedback through the CYS  
Services SF Director.  
Must be available approximately 4-8 hours per week

**CYS Services SF Supervisor Signature:**



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CYS Services, Sports and Fitness Director

**Coach/Volunteer Signature:**

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CYS Services Sports and Fitness Volunteer

**Contact Information:** (FILL IN LOCAL INFORMATION HERE: NAME, EMAIL, DSN  
and CIV PHONE)

*CYS Services Sports and Fitness – Bringing out the best in youth*

FOR OFFICIAL USE ONLY

VOLUNTEER AGREEMENT FOR

APPROPRIATED FUND ACTIVITIES

NONAPPROPRIATED FUND INSTRUMENTALITIES

PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 1588, Authority to accept certain voluntary services; 5 U.S.C. 3111, Acceptance of volunteer service; and DoDI 1100.21, Voluntary Services in the Department of Defense.  
**PRINCIPAL PURPOSES(S):** To acknowledge and document Volunteer Agreement for Appropriated Fund Activities or Nonappropriated Fund Instrumentalities before a statutory individual is allowed to provide volunteer services.  
**ROUTINE USES:** There are no specific routine uses anticipated for this information; however, it may be subject to a number of proper and necessary routine uses that are identified in each of the following systems of records notices: (1) A0608b DFSC, Personal Affairs: Army Community Service Assistance Files (at <http://dpclid.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570084/a0608b-cfsc/>); (2) NM01754-2, DON Family Support Program Volunteers (at <http://dpclid.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570427/nm01754-2/>); and (3) F036 AFDPC, Family Services Volunteer and Request Record (at <http://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569815/f036-af-dp-cf/>).  
**DISCLOSURE:** Voluntary; however, lack of a signed Volunteer Agreement will limit Government support and eliminate certain benefits to individuals donating voluntary services to Appropriated Fund Activities and Nonappropriated Fund Instrumentalities.

PART I - GENERAL INFORMATION

1. NAME OF VOLUNTEER (Last, First, Middle Initial)	2. NAME OF PARENT/GUARDIAN (If volunteer is under age 18) (Last, First Middle Initial)	3. VOLUNTEER IS (Select one) <input type="checkbox"/> AGE 18 OR OVER <input type="checkbox"/> UNDER AGE 18
4. TELEPHONE NUMBER (Include Area Code)		5. E-MAIL ADDRESS

PART II - VOLUNTEER ASSIGNMENT (to be completed by Accepting Official)

6. INSTALLATION/COMPONENT ACTIVITY FORT BRAGG	7. ORGANIZATION/UNIT WHERE SERVICE OCCURS CYS	8. PROGRAM WHERE SERVICE OCCURS YOUTH SPORTS & FITNESS	9. ANTICIPATED DAYS OF WEEK 3	10. ANTICIPATED HOURS 6
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11. DESCRIPTION OF VOLUNTEER SERVICES  
VOLUNTEER HEAD OR ASSISTANT COACH

PART III - VOLUNTEER CERTIFICATION

12. CERTIFICATION  
I expressly agree that my services (or those of my minor child) are being provided as a volunteer and that I will not be an employee of the United States Government or any instrumentality thereof, except for certain purposes relating to compensation for injuries occurring during the performance of approved volunteer services, tort claims, the Privacy Act, criminal conflicts of interest, and defense of certain suits arising out of legal malpractice. I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits for these voluntary services. I agree to be bound by the laws and regulations applicable to voluntary service providers, to participate in any training required to perform assigned voluntary duties, and to follow all installation, unit and organization rules and procedures applicable to the voluntary services I (or my minor child) will be providing.

a. SIGNATURE OF VOLUNTEER	b. SIGNATURE OF PARENT/GUARDIAN (if volunteer is under age 18)	c. DATE SIGNED (YYYYMMDD)
13.a. NAME OF ACCEPTING OFFICIAL (Last, First, Middle Initial) JAMES, LARIESA R.	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

PART IV - TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR AND SIGNED BY VOLUNTEER

14. AMOUNT OF VOLUNTEER TIME DONATED	a. YEARS. (2,087 hours = 1 year)	b. WEEKS	c. DAYS	d. HOURS	15. SERVICE END DATE (YYYYMMDD)
16.a. VOLUNTEER SIGNATURE	b. PARENT/GUARDIAN SIGNATURE (if volunteer is under age 18)	17.a. NAME OF SUPERVISOR (Last, First, Middle Initial)	b. SUPERVISOR'S SIGNATURE	c. DATE SIGNED (YYYYMMDD)	

## VOLUNTEER SERVICE RECORD

For use of this form, see AR 608-1; the proponent agency is OACSIM.

### PRIVACY ACT STATEMENT

**AUTHORITY:** 5 USC Section 301, Department Regulations; 10 USC Section 3013, Secretary of the Army; and Army Regulation 608-1, Army Community Service Center.

**PRINCIPAL PURPOSE:** To record essential background information on volunteers to assist in determining qualifications and task assignments. To maintain record of positions held, hours volunteered, training and awards received.

**ROUTINE USES:** None. The "Blanket Routine Uses" set forth at the beginning of the Army's Complications of System of Records Notices apply to this system.

**DISCLOSURE:** Voluntary. However, failure to provide the requested information may exclude you from participating in the Army Community Service Volunteer Program.

**INSTRUCTIONS:** Upon resignation, retirement or transfer, the original of this record will be furnished for the personal file of the volunteer and a duplicate will be maintained at the organization for at least three years. In case of transfer, a duplicate record will be furnished to the gaining organization upon request of the volunteer.

1. NAME OF VOLUNTEER (Last, First, MI)	2. HOME ADDRESS (Street, City, State and ZIP Code)
3. EMAIL ADDRESS	5. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
4. TELEPHONE NUMBERS a. HOME b. WORK c. FAX	
7a. SPONSOR NAME	7b. SPONSOR UNIT ADDRESS

8. Mark all the demographic data that applies to the volunteer. Family members of service members should indicate the branch of service and status of the sponsor.

- |  |                                      |                                    |                               |                                 |
|--|--------------------------------------|------------------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> SERVICE MEMBER                                      | <input type="checkbox"/> ARMY        | <input type="checkbox"/> AIR FORCE | <input type="checkbox"/> NAVY | <input type="checkbox"/> MARINE |
| <input type="checkbox"/> CIVILIAN EMPLOYEE<br>(APF and NAF)                  | <input type="checkbox"/> OFFICER     | <input type="checkbox"/> ENLISTED  |                               |                                 |
| <input type="checkbox"/> ADULT FAMILY MEMBER                                 | <input type="checkbox"/> ACTIVE DUTY | <input type="checkbox"/> RETIRED   |                               |                                 |
| <input type="checkbox"/> YOUTH FAMILY MEMBER<br>(Under age 18 and unmarried) | <input type="checkbox"/> RESERVE     | <input type="checkbox"/> GUARD     |                               |                                 |
| <input type="checkbox"/> CIVILIAN (Not connected with the military)          | <input type="checkbox"/> DECEASED    |                                    |                               |                                 |

9. CHILDREN AT HOME <input type="checkbox"/> NONE <input type="checkbox"/> PRESCHOOL <input type="checkbox"/> IN SCHOOL	10. INITIAL COMMITMENT <input type="checkbox"/> ONE DAY EVENT <input type="checkbox"/> ONE MONTH EVENT <input type="checkbox"/> THREE MONTHS
11. EDUCATION <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE <input type="checkbox"/> ADVANCED DEGREE	<input type="checkbox"/> SIX MONTHS <input type="checkbox"/> NINE MONTHS <input type="checkbox"/> OTHER

12. WORK EXPERIENCE

13. VOLUNTEER EXPERIENCE

14. SPECIAL SKILLS, INTEREST, HOBBIES

15. POSITIONS HELD

START DATE (YYYYMMDD)	TYPE OF POSITION	END DATE (YYYYMMDD)

16. AWARDS AND SPECIAL RECOGNITION

DATE (YYYYMMDD)	TYPE OF AWARD/SPECIAL RECOGNITION	PRESENTED AT

17. TRAINING

DATE (YYYYMMDD)	TYPE OF TRAINING	HOURS COMPLETED

18. VOLUNTEER ANNUAL HOUR RECORD

YEAR													
HOURS													

19a. SIGNATURE ..... 19b. DATE (YYYYMMDD) .....

FORT BRAGG CHILD, YOUTH AND SCHOOL SERVICES NON-DISCLOSURE STATEMENT

I understand that contents of Child, Youth and School Services (CYSS) files are of a sensitive and confidential nature and will not be disclosed or discussed with anyone. Disclosure of information would be a violation of the Privacy Act and could result in dismissal from my volunteer positions with CYSS.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Professional Reference (Name and Daytime phone number):

*\*Army policy does not accept personal relationships as references such as family members, neighbors, etc. Must be from a professional sources, e.g. current or former supervisor, co-worker, etc.*

NAME

PHONE NUMBER

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

**BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION**  
(Department of Defense Child and Youth (C&Y) Programs)

OMB No. 0704-0516  
OMB approval expires  
May 31, 2017

The public reporting burden for this collection of information is estimated to average 16 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0516). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.  
**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE APPROPRIATE C&Y PROGRAM REPRESENTATIVE.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Executive Order 10450 and/or Section 231 of the Crime Control Act of 1990 (42 U.S.C. 13041); DoD Instruction 1402.5, Criminal History Background Checks on Individuals in Child Care Services; DoD Instruction 6080.2, Child Development Programs.

**PRINCIPAL PURPOSE(S):** To require each employee, DoD contractor, family child care provider, adult family member of a family child care provider, and specified volunteers of a DoD C&Y program to undergo a background check and to annually self-report changes to his or her criminal history. This form covers a five year period at the end of which a new form must be initiated. When completed, records are covered by one of the appropriate SORNs:  
Army: [http://dpclo.defense.gov/privacy/SORNs/component/army/A0608-10\\_GFSC.html](http://dpclo.defense.gov/privacy/SORNs/component/army/A0608-10_GFSC.html)  
Navy: <http://dpclo.defense.gov/privacy/SORNs/component/navy/NM01754-3.html>  
Air Force: [http://dpclo.defense.gov/privacy/SORNs/component/airforce/F034\\_AF\\_SVA-C.html](http://dpclo.defense.gov/privacy/SORNs/component/airforce/F034_AF_SVA-C.html)

**ROUTINE USES:** This form is to be used for DoD C&Y programs only. This form will be initiated by C&Y program staff and will be maintained in C&Y program offices. The DoD "Blanket Routine Uses" found at [http://dpclo.defense.gov/privacy/SORNs/blanket\\_routine\\_uses.html](http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html) may apply to these records.

**DISCLOSURE:** Voluntary; however, failure to furnish all requested information may result in an unfavorable adjudication decision and may affect suitability of working with or around children.

<b>1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements.)</b>	<b>2. OTHER NAME(S) USED</b>
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<b>3. PLACE OF BIRTH (City, State, Country)</b>	<b>4. DATE OF BIRTH (MM/DD/YYYY)</b>	<b>5. GENDER (X one)</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
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<b>6. INSTALLATION/PROGRAM NAME</b>	<b>7. DATE OF HIRE (To be completed by CDP staff only)</b>
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**8.a. Have you ever been arrested, charged, or convicted by Federal, State, or other Law enforcement authorities for any violation of any Federal law, Military law, State law, County or Municipal law, Regulation or Ordinance? (Do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.) (X one)**  
 Yes  No If you answered "Yes," explain your answer in the space provided below.

**b. Have you ever been arrested, charged or held by Federal, State or Other Law Enforcement Authorities for any crime or offense involving any of the following: Mark Yes or No for each category. Failure to provide information may result in an unfavorable adjudication decision. All other charges must be included in the space provided below even if they were dismissed. If you answered "Yes," explain your answer in the space provided below.**

<b>CHILD:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DRUG OR ALCOHOL:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>VIOLENT CRIME/ ASSAULTIVE BEHAVIOR:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SEX CRIME:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DOMESTIC VIOLENCE:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>OTHER:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

(1) MONTH/ YEAR	(2) OFFENSE	(3) ACTION TAKEN	(4) LAW ENFORCEMENT AUTHORITY OR COURT (City & Country if outside the United States)	(5) STATE	(6) ZIP CODE

**9. ANNUAL CERTIFICATIONS.**  
In the past year, I have not been arrested, charged or held by law enforcement in regard to anything mentioned in block 8 above.  
 Yes  No If you answered "Yes," explain your answer in the space provided on the back of this form.

<b>a. INITIAL CERTIFICATION (1) Signature</b>		<b>(2) Date (YYYYMMDD)</b>	
<b>b. 2nd YEAR (X as above)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(1) Signature</b>	<b>(2) Date (YYYYMMDD)</b>	<b>c. 3rd YEAR (X as above)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(1) Signature</b>	<b>(2) Date (YYYYMMDD)</b>	<b>(1) Signature</b>	<b>(2) Date (YYYYMMDD)</b>
<b>d. 4th YEAR (X as above)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(1) Signature</b>	<b>(2) Date (YYYYMMDD)</b>	<b>e. 5th YEAR (X as above)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(1) Signature</b>	<b>(2) Date (YYYYMMDD)</b>	<b>(1) Signature</b>	<b>(2) Date (YYYYMMDD)</b>

Failure to disclose accurate information may be grounds for dismissal, termination, or disbarment from participating in the program.



**BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION**

10. NOTES (Use this space to enter additional comments.)

**11. AUTHORIZATION AND RELEASE CERTIFICATION**

I hereby authorize the Department of Defense and other authorized federal agencies to obtain any information required from the Federal government, and/or state agencies, and/or foreign governments, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Investigation Service (DIS), the U.S. Office of Personnel Management (OPM), the Department of Homeland Security (DHS), (if applicable), and from the State Criminal History Repository for each state where I have resided and worked. This authorization is valid for one year from the date this form was signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

I have been notified of any employer's or Agency's right to require a criminal history records check as a condition of employment. I understand that I may request a copy of such records as may be available to me under the law. I understand that I have a right to challenge the accuracy and competencies of any information contained in the criminal history records check report. I also understand that pursuant to the Privacy Act, the information collected will be confidential, and disclosure limited to purposes authorized under the Privacy Act - mainly to conduct the background check.

I release any individual, including records custodians, any component of the United States Government or the individual State Criminal History Repository supplying information, from all liability for damages that may result on account of compliance, or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

I declare under penalty of perjury that the statements made by me on this form are true, complete and correct. In addition to the annual certification, I understand that it is my responsibility to immediately inform my employer/supervisor if I am charged with a crime referenced in block 9 above.

**WARNING:** False statements are punishable by law and could result in fines and/or imprisonment for up to five years.

a. SIGNATURE

b. DATE SIGNED



## Department of the Army

### RELEASE/CONSENT STATEMENT

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 42 USC 13041 AND 10 USC 3013.

**PRINCIPAL PURPOSE:** TO COMPLY WITH REQUIREMENTS OF PUBLIC LAW 101-647, SECTION 231 (CRIME CONTROL ACT OF 1990),

DoDI 1402.05 AND FOR NONAPPROPRIATED FUND, ARMY REGULATION (AR) 215-3.

**ROUTINE USES:** TO INITIATE THE BACKGROUND CHECK REQUIREMENTS OF THE STATUTE AND GOVERNING REGULATION.

**Type or Print Name (Last, First MI):**

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**Section I: Statement of Previous Arrest or Charge:**

1. Have you ever been arrested for or charged with a crime involving a child?  Yes  No
2. Have you ever been asked to resign because of, or been decertified for, a sexual offense?  Yes  No
3. Have you ever been convicted of any offense against the law or forfeited collateral or are you now under charges for any offense against the law? (You may omit: (1) Traffic violations for which you paid a fine of \$300.00 or less unless the violation was alcohol or drug related, and (2) any offense committed before your 21st birthday which was finally adjudicated in a juvenile court or under a youth offender law.)  Yes  No

If you answer "yes" to any question above, describe the case disposition below. Include the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved; or if a military action (to include Article 15), the military authority or court involved, and the final disposition of the case; to include fine(s)/amount paid, found guilty or not, loss of rank etc. Be sure to disclose any covered charges or incidents, even if they were expunged, and/or even if you have been advised by your attorney that you do not need to disclose them on employment forms, as they will be identified in the background check process. You must also disclose all covered incidents even if you did so on a previous consent and release form, Optional Form 306, Department of Army Form 3433, or other such document and/or if the incident was previously considered by a Program Review Board or otherwise adjudicated IAW Army guidance. If additional space is needed, please attach a separate sheet of paper as a continuation page and include your printed name at the top and signature and date at the bottom.

Date of Violation/Incident	Explanation of Violation/Incident or Charge	Place of Occurrence	Name and Address of Police Department or Court Involved	If Military, Military Authority or Court Involved	Final Disposition of the Case

RELEASE/CONSENT STATEMENT (Cont)

Type or Print Name (Last, First MI) \_\_\_\_\_

Section II: Statement of Understanding and Release:

1. I have been advised that my being hired or selected for, and continuing employment or service in a position having regular contact with children under the age of 18 will be based upon favorable completion of all required background checks. I understand that these may include:

- a. Army Law Enforcement Reporting & Tracking System (ALERTS) // Defense Central Index of Investigations (DCII)
- b. Army Substance Abuse Program (ASAP) to include records from the Substance Use Disorder Clinical Care (SUDCC) which may include that pertaining to my identity, diagnosis, or treatment from any Army record maintained in connection with alcohol or other drug abuse education, training, treatment, rehabilitation or research.
- c. Medical Treatment Facilities (MTF) – Army Central Registry (ACR)
- d. Federal Bureau of Investigation Fingerprint Special Agreement Check (FBI-FP-SAC)
- e. State Criminal History Repository (SCHR) Checks for each state where I have resided for the last five years.
- f. Any other records as appropriate and to the extent permitted by law.

2. I have been advised and understand that the above listed checks will be completed annually, or every three or five years (depending on the position) while I am employed/contracted/volunteering in a position that requires regular contact with children under the age of 18, and that these checks may also be completed to authenticate issues that surface during my employment or service. I understand that this consent does not expire and will be utilized to conduct these periodic reverification checks. I also understand that except to the extent such action has been taken, I can revoke my consent at any time but this will preclude my continued service in a child services position. I also understand that if the report of these checks contains adverse information, I have a right to challenge the accuracy or completeness of the information contained therein.

3. I understand that failure to disclose this information or provide consent precludes me from employment or continued service in a child services position, and may form the basis for withdrawal of a tentative (conditional) job offer, or removal from my position and/or the federal service.

Section III: Signature:

A false statement may result in adverse action up to and including removal. Under

U.S. Code 1001, the federal punishment for perjury is fine or imprisonment for up to 5 years or both.

I declare under penalty of perjury that the information contained in this application form and any attachments or documents submitted in connection with my application for this position are true and correct to the best of my knowledge, information, and belief.

I hereby confirm my understanding of the information in this statement; and authorize the release of my name and Social Security Number for the purpose of conducting the required checks in Section II.

\_\_\_\_\_  
Signature Date

If the applicant is a minor, a Parent or Legal Guardian must grant permission below for the background checks. The Parent/Legal Guardian is certifying they understand the purposes of these checks and hereby provide consent for the background checks.

\_\_\_\_\_  
Signature Date

**ADAPCP CLIENT'S CONSENT STATEMENT FOR RELEASE OF TREATMENT INFORMATION**

For use of this form, see AR 600-85; the proponent agency is DCS, 6-1.

**SECTION A - CONSENT**

I, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,   
(client's full name)  
do hereby voluntarily consent to the release of the following information by HQDA ASAP (name of installation ADAPCP)  
pertaining to my identity, diagnosis, prognosis, or treatment from any Army record maintained in connection with  
alcohol or other drug abuse education, training, treatment, rehabilitatiton, or research to Child/Youth Svcs Suitability Prog  
\_\_\_\_\_ for the purpose of completing a background check requirement in accordance with  
Department of Defense Instruction 1402.05 and Army Directive 2014-23.

namely,

\*\*\* see above\*\*\*

(extent or nature of information to be disclosed)

**SECTION B - EXPIRATION/REVOCAION**

(Check applicable paragraph)

1.  I understand that this consent automatically expires when the above disclosure action has been taken in reliance thereon and that, except to the extent that such action has been taken, I can revoke this consent at any time.

- Or -

(For disclosure to civilian criminal justice officials under the provisions of paragraphs 6-9b(4)(b) and 6-10e(3), AR 600-85)

2.  I understand that this consent automatically expires 60 days from today's date or when my present criminal justice system status changes to \_\_\_\_\_

Further, I understand that if my release from confinement, probation, or parole is conditioned upon my participation in the ADAPCP, I cannot revoke this consent until there has been a formal and effective termination or revocation of my release from such confinement, probation, or parole.

**SIGNATURE OF CLIENT**

**DATE**

**NAME OF WITNESS (Type or print)**

**SIGNATURE**

**DATE**

**SECTION C - APPROVAL AUTHORITY FOR RELEASE OF INFORMATION**

**NOTE:** *Other than the MEDCEN/MEDDAC Commander, approval authority for release of information may be delegated to the Program Physician or the Clinical Director.*

In my judgment, the release of an evaluation of the present or past status of \_\_\_\_\_ (client's name)  
in the alcohol or other drug treatment and rehabilitation program will not be harmful to him/her.

**NAME OF MEDCEN/MEDDAC COMMANDER OR DESIGNATED REPRESENTATIVE (Type or print)**

**DATE**

**SIGNATURE**

# INSTALLATION MANAGEMENT COMMAND (IMCOM) BACKGROUND CHECK WORK ORDER TICKET

For personnel in child services positions supporting Army programs and activities IAW Army Directive 2014-23 and DODI 1402.05

## PRIVACY ACT STATEMENT

**AUTHORITY:** 42 USC 19911 and 19 USC 2615, Public Law 101-647, Section 235 (Crime Control Act of 1990); DODI 1402.05 (Background Checks on Individuals in Child Care Services Programs, 11 Sep 2015, Army Directive 2014-23 (Conflict of Interest and Background Checks for Individuals Who Have Regular Contact With Children in Army Programs), DODI 0800.02 (Child Development Programs (CDP)), 8 Aug 2014), DODI 0302.2 (DoD Youth Programs (YPS)), 23 Aug 2014), DoD 1100.21, Voluntary Services in the Department of Defense, DODI 1402.23, Volume 731 DoD Civilian Personnel Management System: Suitability and Fitness Adjudication For Civilian Employees, 24 Aug 2012, DoD Instruction 1402.25, Subchapter 1402 (DoD Civilian Personnel Management System Employment), 1 Dec 1998, Incorporating Change 5, 26 Mar 2008, DoD Instruction 1402.24, Volume 1231 DoD Civilian Personnel Management System: Employment of Foreign Nationals, and E.O. 13526 (SSN), as amended, AR 608-16, The Army Family Advocacy.

**PURPOSE:** To assess the reliability of persons and to determine the loyalty, integrity, and general trustworthiness of individuals working in child (i.e., children under 18 years of age) services positions.

**ROUTINE USE:** The DoD "Standard Routine Uses" and rules of the Army's completion of systems records notices also apply to this system. Uses can be found online at: [http://old.dod.mil/privacy/SORN/standard\\_routine\\_uses/](http://old.dod.mil/privacy/SORN/standard_routine_uses/).

**DISCLOSURES:** Voluntary; however, failure to furnish all requested information will result in disapproval of the child services application or continued service in child services position.

## SECTION I - REQUEST TYPE

Personnel Category: <input type="text" value="12. Volunteer (Not Prov. LOSS)"/>	Request Type: <input checked="" type="checkbox"/> New <input type="checkbox"/> Re-Verification	DoD Affiliation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Consent Form (IMCOM Form 23) Signed Date: <input type="text"/>	Date Submitted to Agency: <input type="text"/>	Date Received CDE Office: <input type="text"/>

## SECTION II - REQUESTING OFFICE INFORMATION

Installation: <input type="text" value="Fort Bragg"/>	Command: <input type="text" value="IMCOM"/>	Directorate/Organization: <input type="text" value="DFMWR/CYS"/>
POC Agency Name: <input type="text" value="CYS Sports &amp; Fitness"/>	POC Telephone: <input type="text" value="(910) 907-5832"/>	POC E-mail: <input type="text" value="lariesa.james.naf@mail.mil"/>

## SECTION III - SUBJECT'S INFORMATION

SSN: <input type="text"/>	Prefix/Rank: <input type="text"/>	Name: (Last, First, Middle) <input type="text"/>	Maiden Name: <input type="text"/>
Postfix/Suffix: <input type="text"/>	Birth Date: <input type="text"/>	Birth Country: <input type="text"/>	Birth State: <input type="text"/>
Proof of US Citizen: (attached) <input type="text"/>		Primary E-mail: <input type="text"/>	Secondary E-mail: <input type="text"/>
Primary Phone: <input type="text"/>	Secondary Phone: <input type="text"/>		
Current Street Address: <input type="text"/>	Current City: <input type="text"/>	Current State: <input type="text"/>	Current Country: <input type="text"/>
Functional Program: <input type="text" value="CYS"/>	Employment Location: <input type="text" value="CYS Sports &amp; Fitness"/>	Employment Position: <input type="text" value="Volunteer"/>	
Fiduciary Responsibility: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Anticipated Start Date: <input type="text"/>	

## SECTION IV - CATEGORIES OF PERSONNEL REQUIRING INVESTIGATIONS

List every state the subject has lived and worked in within the past 5 years. For categories of personnel requiring CNAIC investigations, attach OI-86C.

Supervisor/POC for PSIP purposes: <input type="text"/>	Supervisor/POC E-mail: <input type="text"/>
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## SECTION V - FAMILY CHILD CARE/HOMES OFF POST

For each person listed below include IMCOM Form 23 for each. List additional Family Members or residents on a separate page (Category and Name)

Category: <input type="text"/>	Name: <input type="text"/>	Category: <input type="text"/>	Name: <input type="text"/>
Category: <input type="text"/>	Name: <input type="text"/>	Category: <input type="text"/>	Name: <input type="text"/>
Category: <input type="text"/>	Name: <input type="text"/>	Category: <input type="text"/>	Name: <input type="text"/>

## SECTION VI - AGENCY COMMENTS AND VERIFICATION

Remarks Section:
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Name and signature of Functional Manager: <input type="text"/>	Date signed: <input type="text"/>
CDE Received (Name and Signature): <input type="text"/>	Date signed: <input type="text"/>

**Statement of Understanding  
Child and Youth Services Personnel**

Standards of Conduct and Accountability in  
Child and Youth Services (CYS) Programs

**I understand that:**

1. I am responsible for providing guidance IAW CYS Policy by using knowledge, skills and abilities to identify appropriate and inappropriate behavior of children/youth based on their age and social/emotional development. I will role-model and explicitly teach problem-solving strategies, impulse control, empathy and acceptance of self and others as well as pro-social behavior.
2. I will never use corporal/physical punishment, **psychological abuse or coercion** as an acceptable form of guidance. Guidance will never be punitive in nature. Children will not be punished physically or verbally for lapses in toilet training or refusing food. I will never punish children/youth by any of the following: spanking, pinching, dragging or grabbing, shaking, or other corporal punishment; isolation; confinement in closets, boxes, or similar places; time away/timeout; binding to restrict the movement of mouth or limbs; humiliation, verbal abuse, **taunting or teasing**; deprivation of meals, snacks, outdoor play opportunities, or other program components. Restricting the use of specific play materials and equipment, or participation in a specific activity will be based on the developmental age and social/emotional development of the child and if it poses a safety concern for the child or others.
3. I am responsible for knowing the boundaries for appropriate and inappropriate touching that are established to ensure that CYS personnel have a clear understanding of what is acceptable and what is not. These boundaries are specified in the Standards of Conduct and Accountability SOP.
4. If an allegation of **abuse/neglect** is made against me, it will be grounds for immediate closure of my FCC home or reassignment outside of CYS until the investigation is completed.
5. I am responsible for supervising Infants, Pre-toddlers and Toddlers by sight and sound at all times and Preschool and School age children by sight supervision and for short intervals by sound (for instance when the child is toileting). Middle School and Teen youth are supervised by monitoring areas where youth are engaged in activities and requires that I move throughout the facility.
6. I am responsible for maintaining specific accountability for each Child Development Center (CDC)/**Family Child Care (FCC)** child in my group or each School Age Center (SAC)/Middle School Teen (MST) youth in my facility. I will follow the systems in place to account for children and youth at regular intervals, especially during periods of transition in CDC/SAC and during off-site activities based on risk assessment analysis. If I observe a

child slipping away from or leaving his/her primary care group or discover a **youth** in an off-limits area within the facility, I will notify the primary **caregiver**. These instances are not considered abuse/neglect. I am part of a team and am responsible for assisting my teammates as needed.

7. I will conduct or participate in a face-to-name count of children conducted once per hour in CDCs and during transitions in and out of the classroom. I will monitor all School Age children and Middle School/Teen youth while they independently move throughout the facility.

8. I must ensure the physical count of children/youth and/or the system that is used to monitor the whereabouts of children matches the number signed in (applies to direct care and management staff). I must ensure that the physical count of children/youth matches the number swiped into Child and Youth Management System (CYMS) (applies to management staff only).

9. I will focus my full attention on the children/youth in my care and will refrain from using personal electronic devices (to include cell phones, tablets, laptops and smart watches) while counted in ratio.

10. I am responsible for ensuring that all children/youth safely evacuate the building in the event of an emergency.

11. I may be observed by a manager or Training Specialist as part of a documented training or performance observation any time during my duty hours, either in person or through the use of the Video Surveillance System.

12. As a mandated reporter I will immediately and directly report to the Reporting Point of Contact (RPOC) **and State Child Protective Services (CPS) (if located in the U.S.)** any incident I witness which a reasonable person would consider child abuse or neglect.

13. If I witness an incident that a reasonable person would not consider child abuse or neglect, but is still a violation of this guidance, I will immediately verbally report it to **my** supervisor or other management staff, and follow up in writing.

14. I am responsible for completing reports on accidents, injuries to children/youth, or other unusual incidents that occur while I am on duty.

15. I will wear my appropriate color coded apparel (ensuring apparel can be seen at all times and from all angles) when caring for children/youth. While under Line Of Sight Supervision (LOSS), I will ensure that I am in view of another cleared staff member at all times. If providing LOSS for another staff member, I will keep that person in line of sight at all times **(does not apply to FCC Providers)**.

16. I will refrain from commenting, passing judgment, or providing guidance or input on sensitive topics with children/youth. I will encourage children/youth to reach out to a trusted family member or counselor for discussion.

17. The following Social Media and Electronic Communications are prohibited:

- Displaying in the workplace or any other place likely to embarrass or undermine the professional credibility of the CYS program or otherwise interfere with CYS operations, any material that is sexually explicit, provocative, inappropriate, inflammatory, or unprofessional. Such materials shall not be present on CYS premises.
- Communication to staff or children/youth that is unprofessional or inappropriate.
- Communication with children/youth through social media platforms except via the program's official social media pages (e.g. facebook, instagram, twitter).
- Communication with children/youth by email and messaging except via staff's .mil email address -- all electronic communications with children/youth will have a parent and at least one other staff member on the cc line.
- Communication with children/youth by text message via a personal device.
- Sharing home or personal email, messaging, phone numbers or social media addresses with children/youth.
- Posting media to a personal social media site which includes non-familial children/youth enrolled in CYS programs.
- Use of Personal Electronic Devices while at work.

18. I am required to immediately inform my supervisor/program director if I am charged with a crime referenced on the DD Form 2981 Basic Criminal History and Statement of Admission.

#### CAREGIVER'S CREED

"I am an Army Caregiver, a professional trained in my duties. I serve Department of Defense Families who protect the nation, by protecting their children/youth. I will always provide a safe, nurturing, enriching environment and ensure accountability for children/youth in my care. Never will I put children/youth in harm's way or allow others to do so. I will build trust with parents/guardians so they can concentrate on their mission. I will always treat Families with the dignity and respect they deserve. Army Caregivers are key members of the Army Team. I am an Army Caregiver."

My signature acknowledges that I have read, understand, and will comply with the Caregiver's Creed and the Standard of Conduct and Accountability SOP on appropriate guidance, touching, **interactions, social media**, and accountability of children/youth, and my role in preventing and reporting child abuse or neglect in CYS programs.

In addition, my signature acknowledges I have read and understand:

a. AR 608-10, sections pertaining to the Touch Policy and supervision of **children**, and other sections as directed by management;



b. AR 608-18 Chapter 8, Out of Home Cases in DoD Sanctioned Activities;

c. Latest CYS Multi-Disciplinary Team Inspection tool sections on Risk Management and Supervision; and

d. My Position Description, which states my designation as a mandated reporter of child abuse or neglect.

I understand that failure to comply with these policies may result in adverse disciplinary action taken against me.

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CYS Personnel Signature

Print Name

Date

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