



YOUTH SPORTS VOLUNTEER BACKGROUND CHECK PACKET

FILL OUT ALL SECTIONS THAT ARE **HIGHLIGHTED**. ALL HIGHLIGHTED SECTIONS MUST BE COMPLETED BEFORE SUBMISSION ALONG WITH CURRENT **IMMUNIZATION RECORDS**.

SIGNATURES: USE ONLY REGULAR INK OR CAC CARD.

****PLEASE CALL YOUR LOCAL YOUTH SPORTS OFFICE WITH ANY QUESTIONS****

**Building 4123 Liberty Rd
580-919-4532**

•YOU WILL BE NOTIFIED WHETHER YOU ARE SUITABLE OR NON-SUITABLE ONCE THE PROCESS IS COMPLETE.



Packet Instructions & Essential Information

We appreciate your interest in coaching for USAG Fort Sill!

Friendly Reminder:

- When coaching, your children play for free.
- Volunteer hours are tracked using VMIS, which are valuable for earning promotional points.
- All volunteer requirements must be met in order for volunteer hours to be certified and to not be charged the registration fee.
- Become certified as a Coach with NAYS, the National Alliance for Youth Sports which all military installations use.
- Gain CPR and First Aid certification.

Coach on-boarding process:

There are just three essential steps you'll need to complete:

Step 1: Fill out the coaching packet and turn it in with your immunization records.

Step 2: Complete fingerprints for your background check at the local Security Office.

Step 3: Complete your trainings - our team will work with your schedule to get everything completed.

The Security Office accepts appointments Mondays and Wednesdays 9:30am-11:30am and 1:30pm - 3:00pm. List multiple dates/times that you can report to Sheridan Hall bldg 652 for about 10 minutes to get your fingerprints done. We will schedule your appointment and confirm it with you.

Packet Instructions:

- Inside, you'll find two reference forms for **two non-family members to complete.**
- When filling out the forms, use the format MM/DD/YYYY unless otherwise specified as YYYY/MM/DD.
- You can either deliver the packet in person to our office or email it to us. We'll be happy to assist you!!
- **If printed, please ensure it is printed on one side only. | For signatures, please use regular ink or a CAC CARD.**

Contact us:

Building 4123 Liberty Rd
580-919-4532



Acknowledgment Form - Immunization Records

Coach Name: _____

Coach Signature: _____

To ensure that your coaching file is in compliance with the order:

"01 to OPERATIONS ORDER 21-033: Child and Youth Services (CYS) Immunizations Requirements (U)"

We kindly request that you provide us with your immunization records. The following are required:

Immunizations:	Recurrence:
Influenza	Annually
Hepatitis B	Only once: three-dose series
MMR	Only once: two doses
TDAP/Td	Every 10 years
Varicella	Only once: two doses

IMPORTANT

1. You must provide your current immunization records, even if you don't meet all the immunization requirements. When submitting your complete packet, place shot records behind this page.
2. Approval for your sports participation is pending until we receive your immunization records. Please submit them along with the completed packet in order to comply with the previously outlined order.
3. If you are unable to meet the previous Immunization Requirements, you must sign an "Immunization Waiver." If applicable, please request an Immunization Waiver Form from us.

ASAP CLIENT'S CONSENT STATEMENT FOR RELEASE OF TREATMENT INFORMATION

For use of this form, see AR 600-85; the proponent agency is DCS, G-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 ASAP)
pertaining to my identity, diagnosis, prognosis, or treatment from any Army record maintained in connection with
alcohol or other drug abuse education, training, treatment, rehabilitation, 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 / REVOCATION
(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 10-22 and 10-27, 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 ASAP, 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/DHA 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/DHA Commander OR DESIGNATED REPRESENTATIVE (Type or print)

SIGNATURE	DATE
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BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION
(Department of Defense Child Care Services Programs)OMB No. 0704-0516
OMB approval expires:
20271130

The public reporting burden for this collection of information is estimated to average 15 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, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. 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.

PRIVACY ACT STATEMENT

AUTHORITY: 34 U.S.C 20351, Child Care Worker Employee Background Checks Requirements for Background Checks; Public Law 115-91, Section 925, (NDAA for FY2018) Background and Security Investigations for Department of Defense Personnel (10 U.S.C. 1564 note); 5 U.S.C. 9101, Access to Criminal History Records for National Security and Other Purposes; Executive Order 10450 Security Requirements for Government Employees; DoD Instruction 1402.05, Background Checks on Individuals in DoD Child Care Services Programs; DoD Manual 1402.05, Background Checks on Individuals in Department of Defense Child Development and Youth Programs.

PRINCIPAL PURPOSE(S): To collect criminal history information of DoD personnel or contractors seeking to work with children in DoD child care services programs. Information received may be used to assess preliminary interim, on-going, or final suitability/fitness of DoD personnel or contractors working with children in these programs.

ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, these records may specifically be disclosed outside of DoD pursuant to 552a(b)(3), including as follows: To designated officers and employees of Federal, State, local, territorial, tribal, international, or foreign agencies, or other public authorities, or to other offices or establishments in the executive, legislative, or judicial branches of the Federal Government, in connection with the hiring or retention of an employee, the conduct of a suitability, credentialing, or security investigation, the classifying of jobs, the letting of a contract, or the issuance of a license, grant or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter and the Department deems appropriate; to the appropriate Federal, State, local, territorial, tribal, foreign, or international law enforcement authority or other appropriate entity where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law.

A complete list of routine uses may be found in the applicable System of Records Notice (SORN), DUSDI-02 DoD, Personnel Vetting Records System, at <https://dpcl.d.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DUSDI-02-DoD.pdf>

DISCLOSURE: Voluntary. However, failure to provide all requested information may result in an unfavorable adjudication or determination regarding suitability or fitness to work with children.

1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements.)		2. OTHER NAME(S) USED	
3. DATE OF BIRTH (YYYYMMDD)		4. INSTALLATION/PROGRAM NAME Fort Sill/Child and Youth Services	
		5. DATE OF HIRE (YYYYMMDD)	

6. Have you EVER been apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law or Municipal law? (Do not include traffic fines of less than \$300.) In addition, are you aware of a current allegation/investigation of child abuse/neglect or domestic violence by you, or have you otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category. For any YES answers, complete columns 1-6 and provide a complete summary of the incident on page 2, block 9. Summary should include any disposition or potential mitigating information.

CHILD ABUSE/ NEGLECT:	☐ Yes ☐ No	DRUG OR ALCOHOL:	☐ Yes ☐ No	VIOLENT CRIME/ ASSAULTIVE BEHAVIOR:	☐ Yes ☐ No
SEX CRIME:	☐ Yes ☐ No	DOMESTIC VIOLENCE:	☐ Yes ☐ No	OTHER:	☐ Yes ☐ No

(a) Month/ Year(MM/YYYY)	(b) Offense	(c) Action Taken	(d) Court or Law Enforcement Agency (City & Country if outside the United States)	(e) State	(f) Zip Code	(g) Date of Self- Report (YYYYMMDD)

7. I certify that the information provided above is accurate. I understand that I must immediately report to my employer/supervisor or Child and Youth Program representative if I am apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law, or Municipal law referenced in block 6. In addition, I will immediately report when I am aware of a current allegation/investigation of child abuse/neglect or domestic violence, or have otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category.

a. SIGNATURE	b. DATE (YYYYMMDD)
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8. ANNUAL CERTIFICATIONS (Required by Child Development and Youth Program Staff and Volunteers. Certify for the most year recent only.)
In the past year, have you been apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law, or Municipal law? (Do not include traffic fines of less than \$300.) In addition, are you aware of a current allegation/investigation of child abuse/neglect or domestic violence by you, or have you otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category.

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

a. 2nd YEAR (Yes or No)	(1) SIGNATURE	(2) DATE (YYYYMMDD)	b. 3rd YEAR (Yes or No)	(1) SIGNATURE	(2) DATE (YYYYMMDD)
c. 4th YEAR (Yes or No)	(1) SIGNATURE	(2) DATE (YYYYMMDD)	d. 5th YEAR (Yes or No)	(1) SIGNATURE	(2) DATE (YYYYMMDD)

Failure to provide information may result in an unfavorable adjudication decision.

BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION
(Department of Defense Child Care Services Programs)**9. NOTES** (Use this space to enter additional comments.)**10. 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, state agencies, and/or foreign governments, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Counterintelligence and Security Agency (DCSA), 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. This authorization is valid for one year from the date this form was signed or until 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, or affiliation with DoD Child Care Services Programs. 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 completeness 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 safeguarded, including for the purpose of conducting 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 good-faith compliance, or any good-faith 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 or Child and Youth Programs representative if I am apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law, or Municipal law with a crime referenced in block 6. (Do not include traffic fines of less than \$300.). In addition, I will immediately report when I am aware of a current allegation/investigation of child abuse/neglect or domestic violence, or have otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category. I also understand that if I am a family child care provider that I will make the same report for the same offenses for members in my household.

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** (YYYYMMDD)**11. PARENT CONSENT FOR MINORS:**

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.

a. SIGNATURE OF PARENT/GUARDIAN (if under age 18)**b. DATE SIGNED** (YYYYMMDD)

INSTRUCTIONS

This Department of Defense Form is to be completed by prospective or current employees, volunteers, DoD contractors or employees of DoD contractors, Family Child Care (FCC) providers, and adults residing in the FCC home upon application for any position within a Department of Defense Child Care Services Programs. The form will be utilized for initial certification that said individual has not been apprehended, arrested, charged, or convicted by Federal, State, or other Local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), Military law, State law, County law, or Municipal law, Regulation or Ordinance, nor have they been apprehended, arrested, charged or held by Federal, State or Local Authorities for any crime or offense involving any of the following: Crime involving a child, sex crime, drug or alcohol offense, domestic violence, violent crime/assaultive behavior, or other. FCC providers will also report the same offenses for members in their household. Individuals who work and volunteer in DoD Child Development and Youth Programs must update this form on an annual basis.

Completion of this form is voluntary; however, failure to provide requested information may result in an unfavorable adjudication or determination regarding suitability or fitness to work with children in support of DoD child care services programs

1. Provide your last, first, and middle name. Do not use initials or abridgements.
2. Provide any other names used to include maiden name.
3. Provide your date of birth in YYYYMMDD format.
4. Provide the installation and DoD program where you seek employment or to volunteer; if operating or residing in a FCC home, provide the address of the FCC home.
5. Provide the date of hire. *To be completed by HR or Security Manager.*
6. Place an X in the appropriate box based on whether you EVER been apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law, or Municipal law? (Do not include traffic fines of less than \$300.) In addition, are you aware of a current allegation/investigation of child abuse/neglect or domestic violence by you, or have you otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category. Be sure to disclose any covered charges or incidents, even if they were expunged, and/or even if you would not otherwise need to disclose them on an employment application or forms, as they may be identified in the background check process. You must also disclose all covered incidents, even if you did so on a previous consent and self-disclosure form and/or even if the incident was previously adjudicated.

If you answered "Yes," explain your answer in the space provided. If additional space is needed, use block 9.

Use column 6.g for subsequent self-reports (as applicable).

7. Sign and Date.
8. On an annual basis, for the most recent year only, select the appropriate answer (yes or no) or write in the appropriate response indicating if you have been apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law or Municipal law? (Do not include traffic fines of less than \$300.) In addition, are you aware of a current allegation/investigation of child abuse/neglect or domestic violence by you, or have you otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category.
9. If needed, use this space for additional comments to explain blocks 6 and/or 8.
10. Sign and date.



Ft. Sill, Oklahoma
Child and Youth Services
Volunteer/Contractor Application



Name _____ Social Security Number _____

Maiden Name (If applicable)/Previous Name(s) _____

Address _____

Home Telephone _____ Work Telephone _____

Email Address _____

Date of Birth _____ Place of Birth (City/State) _____

Have you ever volunteered at another installation? If so, which one? _____

Preferred Location

- ☐ Child Development Center
☐ School Age Center/Middle School Teen
☐ Child and Youth Services Administration
☐ Youth Sports
☐ Schools of Knowledge, Inspiration, Exploration and Skills (SKIES)

1. How did you learn about Child and Youth Services volunteer opportunities? _____

2. Have you had any personal experience(s) involving children/youth, if so please explain? _____

3. Volunteer Opportunities in the Centers: ☐ Storyteller ☐ Children's Activities ☐ Clerical ☐ Other

4. Volunteer Opportunities in Youth Sports:

Fall Sports

- ☐ Soccer (ages 5-18)
☐ Flag Football (2nd – 6th grade)
☐ Cheerleading (ages 6-18)
☐ Volleyball (3rd – 6th grade)
☐ Running Club-Cross Country (ages 8-18)

Winter Sports

- ☐ Basketball (ages 6-18)
☐ Futsal-Indoor Soccer (ages 5-18)
☐ Cheerleading (ages 6-18)

Spring Sports

- ☐ Soccer (ages 5-14)
☐ Running Club-Cross Country (ages 8-18)
☐ Tennis Club (ages 8-18)

Summer Sports

- ☐ T-ball (ages 5-6)
☐ Coach Pitch Baseball (ages 7-8)
☐ Machine Pitch Softball (1st-2nd grade)
☐ Player Pitch Baseball (ages 9-14)
☐ Player Pitch Softball (3rd-9th grade)
☐ Lacrosse (ages 5-7)

Volunteer availability

Number of Days per week: 1 2 3 4 5

Points of Interest (Check all that apply)

- ☐ Coaching
☐ Officiating
☐ Other (help in centers)

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

Signature

Date

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



**UNITED STATES ARMY
CHILD & YOUTH SERVICES**

- Organization:** IMCOM-HQ, Child and Youth Services (CYS) Sports and Fitness (SF)
- Position Title:** CYS 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 requirements. Be present at scheduled practices and games at least fifteen minutes before the scheduled starting time. Inform CYS 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 property, role model appropriate behavior (e.g., Army Values, CYS Statement of Understanding) and abide by the CYS SF philosophy.
- Time Required:** Practices are generally held during the period
Monday – Friday: 1700-2000
Note: Practices must be conducted IAW CYS 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 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 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 Sports and Fitness Director
- Assessment:** CYS SF Volunteer Coaches will receive feedback through the CYS SF
Director.
Must be available approximately 4-8 hours per week

CYS SF Supervisor Signature:

CYS, Sports and Fitness Director

Coach/Volunteer Signature:

CYS Sports and Fitness Volunteer

CYS Sports and Fitness – Bringing out the best in youth

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://dpcl.d.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570084/a0608b-cfsc/>); (2) NM01754-2, DON Family Support Program Volunteers (at <http://dpcl.d.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://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569815/f036-af-dp-c/>).

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 1 - 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) ☐ AGE 18 OR OVER ☐ 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	7. ORGANIZATION/UNIT WHERE SERVICE OCCURS	8. PROGRAM WHERE SERVICE OCCURS	9. ANTICIPATED DAYS OF WEEK	10. ANTICIPATED HOURS
11. DESCRIPTION OF VOLUNTEER SERVICES				

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)	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/CONTRACTOR REFERENCE INQUIRY

1. VOLUNTEER/CONTRACTOR NAME:		2. HOW LONG HAVE YOU KNOW APPLICANT AND IN WHAT CAPACITY (IES) (Check applicable block and enter below)				
PERSONAL APPRAISAL <i>(Based on your experience with applicant, indicate by check mark in the appropriate column your evaluation of the following factors.)</i>		CAPACITY		APPROXIMATE TIME KNOWN		
		SUPERVISOR				
		EMPLOYER				
		FELLOW EMPLOYEE				
		ACQUAINTANCE				
		OTHER (Specify)				
		Insufficient Opportunity to Observe	Outstanding	Better than Average	Adequate	Unsatisfactory
3.a. DEPENDABILITY -Accepts assigned responsibility and effectively accomplishes duties in an approved manner within time established.						
b. COOPERATION -A team worker, maintains good working relationships.						
c. INITIATIVE AND CREATIVENESS - Ability to think along original lines and to work without detailed instructions or supervision.						
d. ABILITY TO ADAPT UNDER PRESSURE - Poise and judgment in meeting adverse or emergency situations. Ability to adjust to changes in working or living environments						
e. CONSIDERATION FOR OTHERS - Courteous in daily contacts including attitude toward different races, religions, and nationalities.						
Check applicable block. (If any answer is "YES" to the following questions, give details under "Remarks.")						YES NO
4. Do you have any reason to question this person's loyalty to the United States?						
5. Do you have any knowledge of any behavior, activities, or associations which tend to show that this person is not reliable, honest, trustworthy and of good conduct and character?						
6. -REMARKS						
7. DATE (YYYYMMDD)		8. YOUR POSITION OR TITLE/PRINT NAME			9. SIGNATURE	

VOLUNTEER/CONTRACTOR REFERENCE INQUIRY

1. VOLUNTEER/CONTRACTOR NAME:		2. HOW LONG HAVE YOU KNOWN APPLICANT AND IN WHAT CAPACITY (IES) (Check applicable block and enter below)				
PERSONAL APPRAISAL (Based on your experience with applicant, indicate by check mark in the appropriate column your evaluation of the following factors.)		CAPACITY		APPROXIMATE TIME KNOWN		
		SUPERVISOR				
		EMPLOYER				
		FELLOW EMPLOYEE				
		ACQUAINTANCE				
		OTHER (Specify)				
		Insufficient Opportunity to Observe	Outstanding	Better than Average	Adequate	Unsatisfactory
3.a. DEPENDABILITY -Accepts assigned responsibility and effectively accomplishes duties in an approved manner within time established.						
b. COOPERATION -A team worker, maintains good working relationships.						
c. INITIATIVE AND CREATIVENESS - Ability to think along original lines and to work without detailed instructions or supervision.						
d. ABILITY TO ADAPT UNDER PRESSURE - Poise and judgment in meeting adverse or emergency situations. Ability to adjust to changes in working or living environments						
e. CONSIDERATION FOR OTHERS - Courteous in daily contacts including attitude toward different races, religions, and nationalities.						
Check applicable block. (If any answer is "YES" to the following questions, give details under "Remarks.")					YES	NO
4. Do you have any reason to question this person's loyalty to the United States?						
5. Do you have any knowledge of any behavior, activities, or associations which tend to show that this person is not reliable, honest, trustworthy and of good conduct and character?						
6. -REMARKS						
7. DATE (YYYYMMDD)		8. YOUR POSITION OR TITLE/PRINT NAME			9. SIGNATURE	



COACHES' CODE OF ETHICS

I hereby pledge to live up to my certification as a NYSCA Coach by following the NYSCA Coach's Code of ethics:

- **I will place the emotional and physical well being of my players ahead of a personal desire to win.**
- **I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.**
- **I will do my best to provide a safe playing situation for my players.**
- **I promise to review and practice basic first aid principles needed to treat injuries of my players.**
- **I will do my best to organize practices that are fun and challenging for all my players.**
- **I will lead by example in demonstrating fair play and sportsmanship to all my players.**
- **I will provide a sports environment for my team that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events.**
- **I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.**
- **I will use those coaching techniques appropriate for all of the skills that I teach.**
- **I will remember that I am a youth sports coach, and that the game is for children and not adults.**

Coach Signature

Date

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 in accordance with (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, time away/timeout, or overly punitive restrictions; confinement in closets, boxes, or similar places or locked seclusion; manual, mechanical, or chemical restraint; humiliation, demeaning, shaming, verbal abuse, taunting, teasing, degrading language or activities, or psychological pain; deprivation of meals, hydration, snacks, outdoor play opportunities, or other program components; aversive stimuli; forced physical exercise to eliminate behaviors; punitive work assignments; punishment by peers; or group punishment or discipline for individual behavior. 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 Family Child Care (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, including when sleeping. Mirrors and video monitoring do not replace direct sight and sound supervision. Preschool and kindergarten children are supervised by sight most of the time, with the exception of brief periods when children cannot be seen but still heard, as long as I check frequently on children who are out of sight (e.g. child using the toilet independently, child in a library area). Kindergarteners and School-age children may leave my supervision for brief periods, so long as they are in a safe environment (such as going to a hall bathroom) but must be within sight and/or hearing most of the time. 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 understand that CYS facilities are under continuous video and audio surveillance through Closed Circuit Television (CCTV). I also understand that recordings may be used to substantiate or refute allegations of child abuse/neglect or employee misconduct, as a training aide, or to recognize positive performance.

12. 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 CCTV System.

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

14. 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.

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

16. 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.

17. 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.

18. 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, 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 paid 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 on duty.

19. 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.

SUZANNE V. KING
Chief, Child and Youth Services

CYS PROFESSIONAL'S CREED

I am an Army CYs a professional trained in my duties. I serve Department of Defense Families who protect the nation by protecting their children/youth and ensure accountability for children/youth in my care.

I will always provide a safe, nurturing, and enriching environment. Never will I put children/youth in harm's way or allow others to do so. I will build trust with parents so they can concentrate on their mission. I will always treat Families with the dignity and respect they deserve. Army professionals are key members of the Army Team. I am an Army professional.

My signature acknowledges that I have read, understand, and will comply with the Caregiver's Creed and the Standards 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.

Year 1:

CYS Personnel Signature

Print Name

Date

Year 2:

CYS Personnel Signature

Print Name

Date

Year 3:

CYS Personnel Signature

Print Name

Date

WHAT HAPPENS AFTER I TURN MY PACKET IN?

- Fingerprints- We will schedule your fingerprint appointment and send you the appointment details.

- Training:

In person-

- * Child Abuse Prevention with the Family Advocacy Program.**
- * Bloodborne Pathogens with the CYS Nurse.**
- * Season specific training with the Youth Sports office.**

Online-

- * American Red Cross First Aid/CPR. You will be sent a link via email.**
- * NAYS Coaches training. Create your profile here. When prompted you will select the organization of Fort Sill. There will be no cost to you. <https://www.nays.org/user-login>**
The trainings should populate automatically and you will choose the sport specific training.
- * VMIS account creation instructions will be sent to you.**