



UNITED STATES ARMY
CHILD & YOUTH SERVICES

Ft. Sill Youth Sports & Fitness
Volunteer Packet



Youth Sports- 580-442-5420/5926

INSTALLATION MANAGEMENT COMMAND (IMCOM) BACKGROUND CHECK CONSENT

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 13041 and 10 USC 3013, Public Law 101-647, Section 231 (Crime Control Act of 1990); DODI 1402.05 (Background Checks on Individuals in DoD Child Care Services Programs, 11 Sep 2015, Army Directive 2014-23 (Conduct of Screening and Background Checks For Individuals Who Have Regular Contact With Children in Army Programs), DODI 6060.02 (Child Development Programs (CDPs), 5 Aug 2014), DODI 6060.4 (DoD Youth Programs (YPs), 23 Aug 2004), DoDI 1100.21, Voluntary Services in the Department of Defense, DODI 1400.25, Volume 731 DoD Civilian Personnel Management System: Suitability and Fitness Adjudication For Civilian Employees, August 24, 2012, DoD Instruction 1400.25, Subchapter 1403 (DoD Civilian Personnel Manual: Employment), December 1 1996, Incorporating Change 5, March 25, 2000, DoD Instruction 1400.25, Volume 1231 DoD Civilian Personnel Management System: Employment of Foreign Nationals; and E.O. 9397(SSN), as amended, AR 608-18, The Army Family Advocacy.

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

ROUTINE USE: The DoD "Blanket Routine Users" set forth at the beginning of the Army's compilation of systems of records notices also apply to this system. Uses can be found online at: <http://dpcid.defense.gov/Privacy/SORNs/Index/Blanket-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.

1. I understand that Army Directive 2014-23 and IMCOM policy requires the record screening outlined in paragraph 2 below, and that without favorable completion of these checks, I may not be allowed to work or volunteer in child services positions supporting Army programs and activities.
2. The following background checks are required: Army Law Enforcement (to include Army Law Enforcement Reporting and Tracking System, Army Crime Records Center and Defense Central Investigation Index), Medical Treatment Facility Army Central Registry, Army Substance Abuse Program, FBI Fingerprint check and any other records as appropriate and to the extent permitted by law (e.g. other military service criminal records, other service child abuse registries, sex offender registries, state child abuse registry, etc.). The following are also required as applicable to the personnel category: National Agency Check with Inquiries (or higher level investigation) and State Criminal History Repository.
3. I further understand that the purpose of these background checks is to identify anyone applying for child services positions that have instances of reported misconduct involving children, assaultive behavior, substance abuse, larceny, or other misconduct which would be inconsistent with working or volunteering within child services positions.
4. I agree that IMCOM may initiate these checks, receive the resulting information, and conduct periodic re-verifications so that I may work or volunteer in child services positions. Periodic re-verification checks are required in 1/3/5 year cycles based on personnel category IAW Army policy. Re-verifications may also be required to authenticate issues that surface during a person's employment/service.

APPLICANT'S INFORMATION

Applicant's Full Name: (Last, First, Middle Name)		Social Security Number: (SSN)
<input type="text"/>		<input type="text"/>
Maiden Name:	Any Other Names Used by Applicant:	Applicant's Date of Birth: (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant's Place of Birth: (City, State, Country)		Applicant's Current Address: (Street, City, State, County)
<input type="text"/>		<input type="text"/>

DOD AFFILIATION DISCLOSURE

1. Do you have a current or previous DoD affiliation: (i.e. Have you lived or worked on a DoD installation or had a prior or current association, relationship, or involvement with the DoD or any elements of DoD including the Military Departments) (If yes, indicate service and approximate dates)

<input type="radio"/> US Army	<input type="radio"/> US Air Force	<input type="radio"/> US Navy	<input type="radio"/> US Marines	<input type="radio"/> Other DoD Agency
From and To dates:	From and To dates:	From and To dates:	From and To dates:	From and To dates:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ I have never previously been affiliated with the U.S. Military and/or DoD: (e.g. Never lived or worked on a DoD installation or had prior or current association, relationships, or involvement with DoD or any elements of DoD, including the Military Departments).

2. If you have ever had a Military or Civilian sponsor (other than yourself) provide the sponsor's name, Social Security Number and check which branches of the service your sponsor has worked for as an active duty member or Civilian: (not applicable for non DoD affiliation)

Name of Sponsor (other than yourself), provide the sponsor's name		Sponsor's Social Security Number		
<input type="text"/>		<input type="text"/>		
<input type="radio"/> US Army	<input type="radio"/> US Air Force	<input type="radio"/> US Navy	<input type="radio"/> US Marines	<input type="radio"/> Other DoD Agency

SIGNATURES

Applicant Signature:	Date Applicant signed:
<input type="text"/>	<input type="text"/>

If the applicant is a minor, a Parent or Legal Guardian must grant permission below for the background check(s). The Parent or Legal Guardian is certifying they understand the purposes of these pre-employment/volunteer checks and hereby provide consent for the background check(s).

Parent or Legal Guardian's Relationship to Minor, Printed Name and Signature:	Date Parent or Legal Guardian Signed:
<input type="text"/>	<input type="text"/>

Note: A false statement rendered by an applicant may result in adverse action up to and including removal. Under 18 U.S. Code 1001, the federal punishment for perjury is fine or imprisonment for up to 5 years, or both.

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 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, 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 6060.2, 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_CFSC.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

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 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.

1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements.)

2. OTHER NAME(S) USED

3. PLACE OF BIRTH (City, State, Country)

4. DATE OF BIRTH (MM/DD/YYYY)

5. GENDER (X one)

☐ Male ☐ Female

6. INSTALLATION/PROGRAM NAME

Fort Sill/CYS

7. DATE OF HIRE (To be completed by CDP staff only)

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.

CHILD: ☐ Yes ☐ No

DRUG OR ALCOHOL: ☐ Yes ☐ No

VIOLENT CRIME/
ASSAULTIVE BEHAVIOR: ☐ Yes ☐ No

SEX CRIME: ☐ Yes ☐ No

DOMESTIC VIOLENCE: ☐ Yes ☐ No

OTHER: ☐ Yes ☐ 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.

a. INITIAL CERTIFICATION (1) Signature

(2) Date (YYYYMMDD)

b. 2nd YEAR
(X as above)

☐ Yes ☐ No

(1) Signature

(2) Date
(YYYYMMDD)

c. 3rd YEAR
(X as above)

☐ Yes ☐ No

(1) Signature

(2) Date
(YYYYMMDD)

d. 4th YEAR
(X as above)

☐ Yes ☐ No

(1) Signature

(2) Date
(YYYYMMDD)

e. 5th YEAR
(X as above)

☐ Yes ☐ No

(1) Signature

(2) Date
(YYYYMMDD)

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

INSTRUCTIONS FOR COMPLETING DD FORM 2981

This Department of Defense Form is to be completed by prospective employees and/or volunteers upon application for any position within a Department of Defense Child or Youth Program. The form will be utilized for initial and annual certification that said employee/volunteer has not 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, nor have they been arrested, charged or held by Federal, State or Other Law Enforcement 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.

Completion of this form is 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.

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 place of birth to include city, state and country.
4. Provide your date of birth in mm/dd/yyyy format.
5. Provide gender.
6. Provide the installation or DoD CY program where you seek employment or to volunteer.
7. Provide the date of hire. *This is to be completed by CDP staff only.*
8. a. Place an X in the appropriate box if you have or have not 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.*)
8. b. Place an X in the appropriate box if you have 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.
8. b. 1-6 Provide all specifics to any arrests, charges, or convictions in the provided space. If additional space is needed, use block 10.
9. On an annual basis, place an X in the appropriate box indicating if you have or have not been arrested, charged or held by law enforcement in regard to anything mentioned in block 8 above.

VOLUNTEER AGREEMENT FOR				
<input type="checkbox"/> APPROPRIATED FUND ACTIVITIES		<input checked="" type="checkbox"/> NONAPPROPRIATED FUND INSTRUMENTALITIES		
PART I - GENERAL INFORMATION				
1. TYPED NAME OF VOLUNTEER (Last, First, Middle Initial)			2. YEAR OF BIRTH	
3. INSTALLATION		4. ORGANIZATION/UNIT WHERE SERVICE OCCURS		
5. PROGRAM WHERE SERVICE OCCURS		6. ANTICIPATED DAYS OF WEEK	7. ANTICIPATED HOURS	
8. DESCRIPTION OF VOLUNTEER SERVICES Youth Sports and Fitness has a Position Description attached.				
PART II - VOLUNTEER IN APPROPRIATED FUND ACTIVITIES				
9. CERTIFICATION I expressly agree that my services 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 and agree to participate in any training required by the installation or unit in order for me to perform the voluntary services that I am offering. I agree to follow all rules and procedures of the installation or unit that apply to the voluntary services I will be providing.				
a. SIGNATURE OF VOLUNTEER			b. DATE SIGNED (YYYYMMDD)	
10.a. TYPED NAME OF ACCEPTING OFFICIAL (Last, First, Middle Initial)	b. SIGNATURE		c. DATE SIGNED (YYYYMMDD)	
PART III - VOLUNTEER IN NONAPPROPRIATED FUND INSTRUMENTALITIES				
11. CERTIFICATION I expressly agree that my services 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 and liability for tort claims as specified in 10 U.S.C. Section 1588(d)(2). 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, and agree to participate in any training required by the installation or unit in order for me to perform the voluntary services that I am offering. I agree to follow all rules and procedures of the installation or unit that apply to the voluntary services that I am offering.				
a. SIGNATURE OF VOLUNTEER			b. DATE SIGNED (YYYYMMDD)	
12.a. TYPED 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				
13. AMOUNT OF VOLUNTEER TIME DONATED				14. SIGNATURE
a. YEARS (2,087 hours=1 year)	b. WEEKS	c. DAYS	d. HOURS	15. TERMINATION DATE (YYYYMMDD)
16.a. TYPED NAME OF SUPERVISOR (Last, First, Middle Initial)				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			
4. TELEPHONE NUMBERS		5. SEX	
a. HOME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
b. WORK		6. DATE OF BIRTH (YYYYMMDD)	
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
(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
(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			10. INITIAL COMMITMENT		
<input type="checkbox"/> NONE	<input type="checkbox"/> PRESCHOOL	<input type="checkbox"/> IN SCHOOL	<input type="checkbox"/> ONE DAY EVENT	<input type="checkbox"/> ONE MONTH EVENT	<input type="checkbox"/> THREE MONTHS
11. EDUCATION			<input type="checkbox"/> SIX MONTHS <input type="checkbox"/> NINE MONTHS <input type="checkbox"/> OTHER		
<input type="checkbox"/> HIGH SCHOOL	<input type="checkbox"/> COLLEGE	<input type="checkbox"/> ADVANCED DEGREE			

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)

ADAPCP 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____, 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, rehabilitation, or research to Child Services Suitability Cell
_____ 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 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



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):

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

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/OFFICIALS JOB DESCRIPTION

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 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:

CYS Services, Sports and Fitness Director

Coach/Official/Volunteer Signature:

CYS Services Sports and Fitness Volunteer

CONTACT INFORMATION: Director- Jay Hunt, jay.r.hunt3.naf@mail.mil.

Office 580-442-5420 Blackberry 580-583-5294

Assistant Director- Kelsee Mullins, kelsee.s.mullins.naf@mail.mil

Office 580-442-5926



OFFICIALS' CODE OF ETHICS

I hereby pledge to live up to my certification as a NYSOA Official by following the NYSOA Officials Code of Ethics.

- I will encourage good sportsmanship by demonstrating positive support of all players, coaches, fellow officials and league administrators at all times.
- I will ensure that I am knowledgeable of the rules of each sport I officiate, and apply those rules fairly to all participants, teams and coaches.
- I will not allow personal friendships and associations to influence my decisions during a contest.
- I will refrain from the use of tobacco and alcohol products when in the youth sports environment.
- I will remember that youth sports provide an opportunity for children to learn and have fun and I will place their safety above all else.

Official Signature

Date



COACHES' CODE OF ETHICS

I hereby pledge to live up to my certification as a NYSCA Coach by following the NYSCA Coaches' 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 not cheat or engage in any form of unethical behavior that violates league rules.
- **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 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 or 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 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.
3. 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 or verbal abuse; 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.
4. 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.
5. If an allegation is made against me, it will be grounds for immediate closure of the FCC/Homes Off Post (HOP) home or reassignment out of CYS until the investigation is completed.
6. I am responsible for supervising Infants, Pre-toddlers and Toddlers by sight and sound at all times: 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.
7. I am responsible for maintaining specific accountability for each Child Development Center (CDC) 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 in MST based on risk assessment analysis. If I observe a CDC child slipping away from or leaving his/her primary care group or discover a teen in an off-limits area within the facility I will notify the primary CYPA. This is not considered abuse/neglect. I am part of a team and am responsible for assisting my teammates as needed.

8. 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/Teens while they independently move throughout the facility.

9. 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).

10. 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.

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

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 Video Surveillance System.

13. As a mandated reporter I will immediately and directly report to the Reporting Point of Contact (RPOC), 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 their 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 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. 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.

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, and accountability of children/youth, and my role in prevention and reporting child abuse or neglect in CYS programs.

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

- a. AR 608-10, especially those sections pertaining to the Touch Policy and supervision of staff;
- 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.

CYS Personnel Signature

Print Name

Date



SOCIAL MEDIA AND ELECTRONIC COMMUNICATION STATEMENT OF UNDERSTANDING

I hold a position of responsibility. My first obligation is to the emotional, physical and mental well-being of the children/youth that are entrusted to my care and I will maintain appropriate relationships with children/youth and their families whether on or off duty and regardless of the media used to interact in the relationship (in program, online, etc.).

I act on behalf of Child & Youth Services (CYS): The "@mail.mil" address attached to my name and/or email in official communications implies that I am acting on behalf of CYS and, as such, I will conduct myself in a professional manner.

I protect confidential information: Regardless of whether I post as a private individual or as a CYS employee, I must ensure that I do not disclose confidential information about children/youth, parents or employees as specified in relevant legal guidelines. Sharing confidential information risks disciplinary action up to and including termination. If a parent has requested that their child/youth be "opted out" from identification/photos/video/etc., that opt out extends online. In addition, no children/youth will be identified by their full name online or other identifiable information that might jeopardize their personal safety.

Personal Use of Social Media and Other Electronic Communications:

CYS personnel are encouraged to keep their personal lives personal, even in the digital world where personal and professional can become blurred. I have been trained and encouraged to use appropriate controls on my digital and social media accounts to control who sees my personal information, comments, pictures, etc. I will never post pictures, videos and other related media of children/youth enrolled in CYS programs to personal media sites. If I must contact a youth, I have been trained and encouraged to communicate from my professional email or Social Media accounts, such as my mail.mil account and/or the program's official Social Media pages. All my electronic communications with children/youth will have a parent and at least one paid staff member on the cc line. Communication with children/youth by text message via my personal devices is prohibited. CYS discourages employees from associating through their personal social media with parents of youth unless there is a preexisting relationship between the parties. For the purposes of this document the term "associating" includes "friending", "following", etc. If I have a personal Social Media account, the following response is recommended when I deny such requests.

Proposed response to "friend" requests on personal Social Media pages:

If you are a youth or parent requesting to be my "friend" on Social Media, please do not be surprised or offended when I ignore or deny your request. As an employee of Army CYS, our policy discourages me from associating with youth or parents on my personal Social Media pages. I would encourage you to "Like" our CYS pages to stay up to date on what is happening in our programs.



I understand the following 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.

Nothing in this document is intended to preclude normal communications or interactions between staff and family/friends which occur in the context of a relationship with the parents of the child/youth (e.g., babysitting, family gatherings, community events, etc.) or limited contact in the event of an emergency.

My signature below affirms that I have read and understand the Personal and Social Media Conduct Statement of Understanding. I understand that engaging in inappropriate personal or social media contact with children/youth in the programs may result in disciplinary action up to and including termination.

Print Name

Signature

Date

*This document is intended for use by staff, providers, volunteers, and contractors.
Deviations will have prior written approval from the CYS Coordinator.

Please provide two references. Please include names and numbers of the references to be contacted and can verify your work ability with children. **1 Reference must be in chain of command.**

1. Name	Contact Number	Reference Contacted By	Do they work well with children? Do you recommend them?
2. Name	Contact Number	Reference Contacted By	Do they work well with children? Do you recommend them?