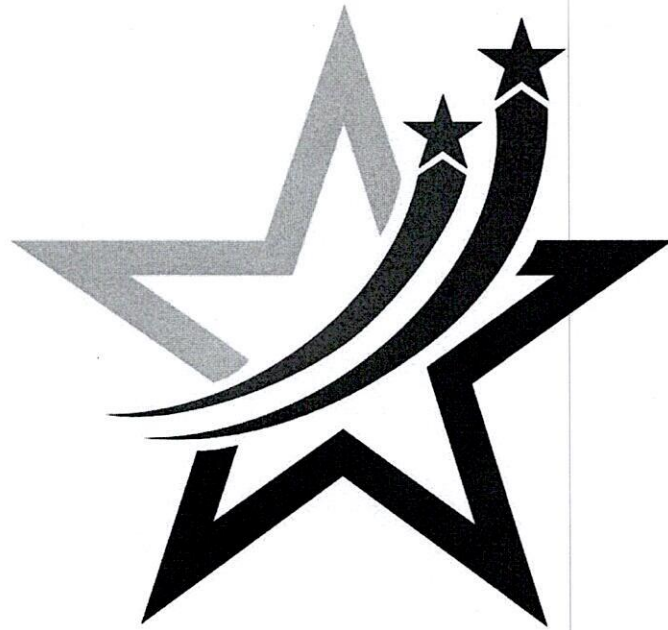




UNITED STATES ARMY
CHILD & YOUTH SERVICES

**Ft. Sill Youth Sports & Fitness
Volunteer Packet**



Youth Sports- 580-442-5420/5926

BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION
(Department of Defense Child Care Services Programs)

OMB No. 0704-0516
OMB approval expires:
September 30, 2021

The public reporting burden for this collection of information, OMB Control Number 0704-0516, 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 the burden estimate or burden reduction suggestions 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: Executive Order 10450 and/or 34 U.S. Code § 20351; DoD Instruction 1402.05, Criminal History Background Checks on Individuals in 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 require individuals who come into regular, reoccurring contact with children under the age of 18 years to self-report any arrests, charges or convictions that would keep the individual from obtaining or maintaining a favorable suitability or fitness determination. Programs impacted are referenced within the 34 U.S. Code § 20351 and include impacted individuals such as employees, DoD contractors, family child care providers, adults residing in a family child care home, volunteers, and others with regular reoccurring contact with children. Individuals who work or volunteer in DoD Child Development and Youth Programs must annually self-report changes to his or her status utilizing this form. All individuals required to complete this form must immediately self-report to their employer/supervisor if they are arrested, charged, convicted, or met criteria for any offense listed on the form. When completed, records are covered by one of the appropriate SORNs:

Army: <http://dpcld.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570012/a0215-fmwrc.aspx>

Navy: <http://dpcld.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570428/nm01754-3.aspx>

Air Force: <http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569755/f034-af-sva-c/>

ROUTINE USES: This form will be initiated by DoD staff and will be maintained in the initiating DoD offices and/or appropriate Human Resources or Security Offices. Information received as a result of this release may be used to assess interim/on-going or final suitability or fitness for DoD personnel working with children. ONLY DoD Child Development and Youth programs are required to update and sign annually. A copy of the form is maintained in the staff member's personnel file. The DoD "Blanket Routine Uses" found at <http://dpcld.defense.gov/Privacy/SORNsIndex/Blanket-Routine-Uses/> 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/fitness.

1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements.)		2. OTHER NAME(S) USED			
3. DATE OF BIRTH (MM/DD/YYYY)		4. INSTALLATION/PROGRAM NAME Fort Sill/Child and Youth Services/Youth Sports and Fitness		5. DATE OF HIRE	
6. Have you been arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law, Military law, State law, County or Municipal law, or met the Family Advocacy criteria for child maltreatment? (Do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.) (X one) Mark Yes or No for each category. If you answered "Yes," explain your answer in the space provided below or on the back of the form in block 9.					
CHILD ABUSE/ NEGLECT: ☐ Yes ☐ No		DRUG OR ALCOHOL: ☐ Yes ☐ No		VIOLENT CRIME/ ASSAULTIVE BEHAVIOR: ☐ Yes ☐ No	
SEX CRIME: ☐ Yes ☐ No		DOMESTIC VIOLENCE: ☐ Yes ☐ No			
(1) MONTH/ YEAR	(2) OFFENSE	(3) ACTION TAKEN	(4) COURT (City & Country if outside the United States)	(5) STATE	(6) ZIP CODE
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 arrested, charged, convicted, or met criteria for any offense referenced in block 6.					
a. SIGNATURE				b. DATE (YYYYMMDD)	
8. ANNUAL CERTIFICATIONS (Required by Child Development and Youth Program Staff and Volunteers) In the past year, have you been arrested, apprehended, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law, Military law, State law, County or Municipal law or met the Family Advocacy criteria for child maltreatment. Failure to disclose accurate information may be grounds for dismissal, termination, or disbarment 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, 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. 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, 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 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.

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)

INSTRUCTIONS

This Department of Defense Form is to be completed by prospective employees, volunteers, DoD Contractors, FCC providers, and adults residing in the 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 arrested, charged, or convicted by Federal, State, or other Local 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 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. Employees and volunteers of DoD Child Development and Youth Programs must update this form on an annual basis.

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 date of birth in YYYYMMDD format.
4. Provide the installation or DoD program where you seek employment or to volunteer; if operating a FCC program, or residing in a FCC home, provide the location of the FCC home.
5. Provide the date of hire.
6. Place an X in the appropriate box if you have or have not been convicted by Federal, State, or local authorities for any violation of any Federal law, Military law, State law, County or Municipal law, Regulation or Ordinance, or met the Family Advocacy criteria for child maltreatment? *(Do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.)*

If you answered "Yes," explain your answer in the space provided below.

If additional space is needed, use block 9.

7. *Sign and Date.*
8. On an annual basis, circle the appropriate response indicating if you have been arrested, apprehended, charged, or convicted by Federal, State, or local authorities for any violation of any Federal, Military, State or local Authorities or met the Family Advocacy criteria for child maltreatment. Applies to employees and volunteers of DoD Child Development and Youth Programs.
9. Use this space for additional comments, if needed, for Blocks 6 and 8.
10. Sign and 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, 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 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/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 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

**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

Contact Information:

- ✦ Kelsee Mullins, YS&F Director, kelsee.s.mullins.naf@mail.mil, 580-442-5420
- ✦ Cameron Freeto, YS&F Assistant Director, cameron.d.freeto.naf@mail.mil, 580-442-5926

CYS Sports and Fitness – Bringing out the best in youth



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 _____

Please provide two references. **1 Reference must be in your chain of command

Name	Contact Number	Reference Contacted By:	
1.			
2.			