



U.S. Army Child, Youth
& School Services

YOUTH SPORTS VOLUNTEER BACKGROUND CHECK PACKET

PLEASE FILL OUT ALL SECTIONS THAT ARE **HIGHLIGHTED**.

ALL HIGHLIGHTED SECTIONS MUST BE COMPLETED

BEFORE SUBMISSION.

PLEASE CALL YOUR LOCAL SPORTS OFFICE WITH ANY QUESTIONS:

AMR: 808-836-1923

SCHOFIELD BARRACKS: 808-655-6465

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

USAG HAWAII

VOLUNTEER/CONTRACTOR APPLICATION FORM

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: TITLE 10, UNITED STATES CODE, SECTION 3013, AR 608-18, PARA 8-5

PRINCIPLE: INFORMATION PROVIDED IS USED TO PERFORM BACKGROUND RECORD CHECKS OF PROSPECTIVE VOLUNTEERS, PROVIDERS, CONTRACTORS, AND EDUCATIONAL RESOURCE PARTNERS WHO WILL HAVE REGULAR CONTACT WITH CHILDREN UNDER 18 YEARS OLD.

ROUTINE: IDENTIFYING INFORMATION IS USED TO CONDUCT BACKGROUND RECORD CHECKS OF PROSPECTIVE VOLUNTEERS, PROVIDERS, CONTRACTORS, AND EDUCATIONAL RESOURCE PARTNERS. NO INFORMATION IS DISCLOSED OUTSIDE OF THE DEPARTMENT OF DEFENSE.

DISCLOSURE: DISCLOSURE OF ALL INFORMATION IS VOLUNTARY. HOWEVER, MISSING OR INCOMPLETE INFORMATION COULD RESULT IN APPLICANT NOT BEING PLACED.

ALL ITEMS BELOW MUST BE COMPLETED

NAME: _____

LAST	FIRST	MIDDLE	MAIDEN/ALIAS

ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ PHONE #: _____

DATE OF BIRTH: _____ PLACE OF BIRTH (City & State/Country): _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ EMAIL: _____

CIVILIAN:_____ (Check if you are non-military or spouse/family member of service member)

BRANCH OF SERVICE (If you or your spouse is in the military): _____

ORGANIZATION/UNIT: _____ RANK: _____

I CERTIFY THAT ALL THE ANSWERS GIVEN BY ME TO ALL THE QUESTIONS ON THIS APPLICATION ARE TO THE BEST OF MY KNOWLEDGE TRUE AND THAT I HAVE NOT WITHHELD ANY PERTINENT INFORMATION. I UNDERSTAND THAT ANY OMISSION, MISREPRESENTATION, OR FALSE INFORMATION SUBMITTED IN CONNECTION WITH THIS APPLICATION MAY RESULT IN REFUSAL OF A POSITION IN OR SUMMARY DISMISSAL FROM POSITION. I HEREBY AGREE THAT IN THE COURSE OF CONSIDERING MY APPLICATION, YOU MAY MAKE INQUIRY TO ASCERTAIN INFORMATION CONCERNING MY BACKGROUND.

I PROVIDE AUTHORIZATION TO CONDUCT A BACKGROUND CHECK IN ACCORDANCE WITH DoD INSTRUCTIONS AND ARMY REGULATIONS TO INCLUDE: ARMY SUBSTANCE ABUSE PROGRAM (ASAP), MEDICAL TREATMENT FACILITY (MTF), ARMY CENTRAL REGISTRY (ACR), CRIMINAL INVESTIGATION COMMAND (CID), FINGERPRINTING, AND CHILDCARE NATIONAL AGENCY CHECK (CONTRACTORS, VOLUNTEERS PROVIDING LOSS ONLY).

APPLICANT'S SIGNATURE: _____ DATE: _____

EXPERIENCE WORKING/VOLUNTEERING WITH CHILDREN/YOUTH:

PROVIDE TWO NON-FAMILY REFERENCES (NAME, PHONE #, EMAIL)

1. _____

2. _____

APPLICANT'S SIGNATURE: _____ DATE: _____

INSTALLATION MANAGEMENT COMMAND (MCOM) BACKGROUND CHECK FORM

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

PRIVACY ACT STATEMENT

AUTHORITY: 42 USC 13041ot>d D USC 3013, Publit...w ll U-847Secbon231(CrimeConfrmlActol IQll0 0001402,115(1lac>oroundeheckson IndNO:luoJ.-, OoO <hidC...SeMces Pn>grams, 11S...2015, AAfri D<ecliw2014-23 (Conduct of ServiceMg3tld Ciled<s FotIndMdualsWhoH>ve ConbodW""C!Ukl'm W. "ITIf P.....),OODI ell0.02 (Chad O.W.lapm<>nt (COPs).5Ao>g 2014 000110C0.4(0o0Y""Programs(YPs).23Aug2004). 0o011100.21, VolJn!My SeNices; 111<>0eporimontofof....., Oot 140125, Volume 731,0o0C;...ru...p""SY>f""SuUfilyl""f""* <d;5c>>on FxCM6.>n Augu>24,2012,0oOlnsrodich 140025,Subchopet 1403(floO Civis.3nPCri.OOm.1MEmployment.), December 1tgQO,Ineorpor.2Ing Ch.mae5.M3Cdl252000.0o0tnst:uc:tion k400.25.Ve12310c0ICMU.nPersonrEl e...S Employment of N300nats.and EQ307(SSN, as *****.AR 00&-18,TheAmlyF>riy.

PURPOSE: Toall4!Sstht f af and to < troy3fiy. -3ndgEnEQl2nJ.5twc:rhiness orwt>ring inctmd(fe...childrenJlJ1der 18yeatSof)seMcespositions.

ROUTINE USE: The OoO'StRoutine U...f...forh at the beginning of the Army's of ot reconl notices >Isoapply 1tothis...,, ll'AS""be found online .toIllpeld.dgov1Priv>cy1SORNsln<loxl

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DISCLOSURES: VO:"3t)"> we0><umish

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1. I understand that Army Directive 2014-23 and MCOM 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 (eg. 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 MCOM 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 13 5 year cycles based on personnel category AWW 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)

Maiden Name

Any Other Names Used by Applicant

Applicant's Date of Birth (MM/DD/YYYY)

Applicant's Place of Birth (City, State, Country)

Applicant's Current Address (Street, City, State, Country)

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 'feS, indicate service and approximate dates:

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

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

☒ US Army

☒ US Air Force

☐ US Navy

☒ US Marines

☒ Other DOD Agency

SIGNATURES

Applicant (non minor) Signature:

Date Applicant signed:

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 Relationship to Minor, Printed Name and Signature:

Date Parent or Legal Guardian signed:

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.

INSTALLATION MANAGEMENT COMMAND**BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION-CHILD SERVICES POSITIONS**

This Self-Admission is being requested IAW Army Directive 2014-23 and DODI 1402.05, proponent is G9

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 Program), 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, 200, 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 on 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 records notices also apply to this system. Uses can be found online at: [Http://dpcl.d.defence.gov/Privacy/SORNs/Index/BlanketRoutineUses.aspx](http://dpcl.d.defence.gov/Privacy/SORNs/Index/BlanketRoutineUses.aspx)

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

1. Name: (Last, First and Middle Name-Do not use initial or abridgements)

2. Other Name(s) Used:

3. Installation/Program Name:

4. Date of Hire: (to be filled out by FMgr)

INITIAL CERTIFICATION

5. STATEMENT OF ADMISSION Use your **initials** to mark yes or no for each category. Include all offenses, even if they were dismissed. If you answer "yes", explain your answer in Block 6.

YES**NO**

a. Have you ever been arrested, apprehended, 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 you have any pending criminal charges against you or are you in a diversion program? (If you are 18 and above, do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.)

(1) Involving a Child (under age 18)

(2) Sex Crime

(3) Drug/Alcohol

(4) Domestic Violence

(5) Violent Crime/Assaultive Behavior

(6) Other

b. Have you ever been the subject of a substantiated child abuse/neglect case or are you currently the subject of an allegation of abuse/neglect?

c. For FCC/HOPS/Foster Care Providers: Have any of the individuals residing in your home ever been arrested, apprehended, charged or convicted for any of the offenses listed above?

N/A

6. Month/Year	Offense	Action Taken/Disposition	Law Enforcement Authority or Court	State	Zip Code

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

7. **INITIAL CERTIFICATION** I certify the information provided above is accurate. I declare under penalty of perjury the statements made by me on this form are true, complete and correct.

8. **SELF REPORTING REQUIREMENT** In addition to this initial certification, I understand it is my responsibility to **immediately inform my employer/supervisor** if I am arrested, apprehended, charged or held for a crime or issue referenced in block 5 above. **INITIALS:** _____

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

Signature: _____

Date: _____

9. Name: (Last, First and Middle Name-Do not use initial or abridgements)

10. Other Name(s) Used:

ANNUAL OR SELF-REPORT CERTIFICATION

11. STATEMENT OF ADMISSION Use your **initials** to mark yes or no for each category. Include all offenses, even if they were dismissed. If you answer "yes", explain your answer in Block 12.

YES**NO**

a. Since the date you last signed, have you been arrested, apprehended, 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 you have any pending criminal charges against you or are you in a diversion program? (If you are 18 and above, do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.)

(1) Involving a Child (under age 18)

(2) Sex Crime

(3) Drug/Alcohol

(4) Domestic Violence

(5) Violent Crime/Assaultive Behavior

(6) Other

b. Since the date you last signed, have you been the subject of a substantiated child abuse/neglect case or are you currently the subject of an allegation of abuse/neglect?

c. For FCC/HOPS/Foster Care Providers: Since the date you last signed, have any of the individuals residing in your home been arrested, apprehended, charged or convicted for any of the offenses listed above?

N/A

12. Month/Year	Offense	Action Taken/Disposition	Law Enforcement Authority or Court	State	Zip Code

Note: If more than two offenses, provide above information on a separate sheet.

☐ More information provided on separate sheet (check if applicable)

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

13. I certify the information provided above is accurate. I declare under penalty of perjury the statements made by me on this form are true, complete and correct. **In addition to this certification, I understand it is my responsibility to immediately inform my employer/supervisor if I am arrested, apprehended, charged or held for a crime or issue referenced in block 11 above.** **INITIALS:** _____

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

☐ Annual☐ Self-Report

Signature: _____

Date: _____

ANNUAL OR SELF-REPORT CERTIFICATION

14. STATEMENT OF ADMISSION Use your **initials** to mark yes or no for each category. Include all offenses, even if they were dismissed. If you answer "yes", explain your answer in Block 15.

YES**NO**

a. Since the date you last signed, have you been arrested, apprehended, 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 you have any pending criminal charges against you or are you in a diversion program? (If you are 18 and above, do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.)

(1) Involving a Child (under age 18)

(2) Sex Crime

(3) Drug/Alcohol

(4) Domestic Violence

(5) Violent Crime/Assaultive Behavior

(6) Other

b. Since the date you last signed, have you been the subject of a substantiated child abuse/neglect case or are you currently the subject of an allegation of abuse/neglect?

c. For FCC/HOPS/Foster Care Providers: Since the date you last signed, have any of the individuals residing in your home been arrested, apprehended, charged or convicted for any of the offenses listed above?

N/A

15. Month/Year	Offense	Action Taken/Disposition	Law Enforcement Authority or Court	State	Zip Code

Note: If more than two offenses, provide above information on a separate sheet.

☐ More information provided on separate sheet (check if applicable)

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

16. I certify the information provided above is accurate. I declare under penalty of perjury the statements made by me on this form are true, complete and correct. **In addition to this certification, I understand it is my responsibility to immediately inform my employer/supervisor if I am arrested, apprehended, charged or held for a crime or issue referenced in block 14 above.** **INITIALS:** _____

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

☐ Annual☐ Self-Report

Signature: _____

Date: _____

n APPROPRIATED FUND ACTIVITIES

VOLUNTEER AGREEMENT FOR

fX

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 CVS Services Youth Sports Program	
5. PROGRAM WHERE SERVICE OCCURS Schofield Barracks (SB)/Aliamanu Military Reservation (AMR)	6. ANTICIPATED DAYS OF WEEK 3	7. ANTICIPATED HOURS 4
8. DESCRIPTION OF VOLUNTEER SERVICES		

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)
10a. TYPE OF 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.		
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a. SIGNATURE OF VOLUNTEER		b. DATE SIGNED (YYYYMMDD)
12a. 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	15. TERMINATION DATE (YYYYMMDD)
a. YEARS (2,087 hours = 1 year)	b. WEEKS	c. DAYS	d. HOURS		
16a. TYPED NAME OF SUPERVISOR (Last, First, Middle Initial)				b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

VOLUNTEER/CONTRACTOR REFERENCE INQUIRY

1. VOLUNTEER/CONTRACTOR NAME:		2 HOW LONG HAVE YOU KNOW APPLICANT AND IN WHAT CAPACITY (IESJ) (Check applicable block and enter below)				
		CAPACITY		APPROXIMATE TIME KNOWN		
		SUPERVISOR				
		EMPLOYER				
		FELLOW EMPLOYEE				
		ACQUAINTANCE				
PERSONAL APPRAISAL (Based on your experience with applicant, indicate by check mark in the appropriate column your evaluation of the following factors.)		OTHER (Specify)				
		Insufficient Opportunity to Observe	Out-standing	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/owing 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 be/aw) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">CAPACITY</td> <td colspan="4">APPROXIMATE TIME KNOWN</td> </tr> <tr> <td>SUPERVISOR</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>EMPLOYER</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>FELLOW EMPLOYEE</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ACQUAINTANCE</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>OTHER (Specify)</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>					CAPACITY	APPROXIMATE TIME KNOWN				SUPERVISOR					EMPLOYER					FELLOW EMPLOYEE					ACQUAINTANCE					OTHER (Specify)				
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7. DATE (YYYYMMDD)		8. YOUR POSITION OR TITLE/PRINT NAME		9. SIGNATURE																															

IMCOM G9 CYS SERVICES VOLUNTEER SPORTS AND FITNESS COACH JOB DESCRIPTION



Organization:	IMCOM-G9, Child, Youth and School (CYS) Services Sports and Fitness (SF)
Position Title:	CYS Services Sports and Fitness Volunteer Coach
Summary:	<i>A good coach improves your game. A great coach improves your life</i> -Michael Josephson
Duties:	Teach proper skills, fundamentals of rules, strategies and procedures needed to participate in a specified sport in accordance with the CYS Services requirements. Be present at scheduled practices and games at least fifteen minutes before the scheduled starting time. Inform CYS Services SF staff members regarding changes, concerns and issues. Keep players and parents informed about all practice and/or games times and any changes. Maintain a focus on sports skill development, recreation, maximum participation of players, and leisure activities. Maintain CYS Services property, role model appropriate behavior (e.g., Army Values, CYS Services Code of Conduct) and abide by the CYS Services SF philosophy.
Time Required:	Practices are generally held during the period Monday Friday: 1700-1900 Note: Practices must be conducted IAW CYS Services guidance Games are generally held Saturday: 0800-1700 Note: Average -one game per week; times vary.
Benefits:	Program is designed to promote positive attitudes and reinforce CYS Services SF philosophy and Army core values to offer children and youth opportunities to feel competent and instill values associated with the pursuit of skills in sports, fitness, nutrition and recreational activities

IMCOM -G9 Child, Youth and School (CYS) Services Sports and Fitness Requirements

IMCOM G9 CYS SERVICES VOLUNTEER SPORTS AND FITNESS COACH 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 meeting being
coached

Qualifications: Background/clearance check IAW CYS Services guidance

Supervisor: CYS Services Sports and Fitness Director

Assessment: CYS Services SF Volunteer Coaches will receive feedback through
the CYS Services SF Director.
Must be available approximately 4-8 hours per week

CYS Services SF Supervisor Signature:

CYS Services, Sports and Fitness Director

Coach Volunteer Signature:

CYS Services Sports and Fitness Volunteer

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

CYS Services Sports and Fitness -Bringing out the best in youth!

Statement of Understanding and Acknowledgement
for CVS Services Employees,
Family Child Care (FCC)/Homes Off Post (HOP) Providers,
Contract Employees and Volunteers

Standards of Conduct and Accountability in
Child, Youth and School (CVS) Services Programs

1. Corporal punishment is not an acceptable form of discipline JAW AR 608-10. CYS Services employees, Family Child Care (FCC) /Homes Off Post (HOP) providers, contract employees, and volunteers will use appropriate discipline/guidance methods to teach children/youth acceptable social behavior.
2. CVS Services employees and FCC/HOP providers will discipline in a consistent way, based on an understanding of individual needs and behaviors of children at various developmental levels. Simple, understandable rules will be established so that expectations and limitations are clearly defined. Discipline will be constructive in nature, including such methods as:
 - a. Separation of the child from the situation by redirection;
 - b. Praise of appropriate behaviors;
 - c. "Time Out" which requires separation of the child from all activities to help the child recover self-control. Time out is not punishment and will never be used as punishment, nor will separation from the group. "Time out" requires a staff member to stay close to the child and engage in calm conversation until the child has recovered.
3. A child may not be punished for lapses in toilet training or refusing food.
4. A child may not be punished by:
 - a. Spanking, pinching, shaking, or other corporal punishment;
 - b. Isolation for long periods;
 - c. Confinement in closets, boxes, or similar places;
 - d. Binding to restrict the movement of mouth or limbs;
 - e. Humiliation or verbal abuse;
 - f. Deprivation of meals, snacks, outdoor play opportunities, or other program components. Restrictions of the use of specific play materials and equipment, or participation in a specific activity should be appropriate to the developmental age of the

child. Restrictions are permissible to ensure the safety of others or as part of the strategy to help the child learn self-control.

5. Boundaries for appropriate and inappropriate touching are established to ensure that CVS Services employees, FCC/HOP providers, contractors and volunteers have a clear understanding of what is acceptable and what is not. Appropriate touching involves:

- a. Recognition of the importance of physical contact to nurturing guidance;
- b. Adult respect for personal privacy;
- c. Personal space of children and youth;
- d. Responses affecting the safety and well-being of the child, such as hand holding when crossing the street;
- e. CVS Services employees, FCC/HOP providers, contract employees, and volunteers modeling appropriate touching like hugging and holding hands.

6. Examples of appropriate touching may include:

- a. Hugs;
- b. Reassuring touches on the shoulder;
- c. Touches expressively appropriate to instruction, such as instances where hands-on guidance is needed. Examples may include swimming instruction, where one might require a steadying hand on the back; voice instruction, where one might require a hand placed about the diaphragm; or gymnastics instruction, where one might require steadying hands on the trunk of the body.
- d. Diapering and assisting a child in proper toileting procedures may require that staff touch the genital areas of a child.
- e. If a child's genital area needs to be checked for reasons other than diapering or toileting, such as because of an injury or child's complaint, another staff member will be present as a witness. The incident must be documented, signed by the staff/adult/witness, and discussed with the child's parents by the Program Manager.
- f. Hugging, appropriate hand holding, rocking of infants, or assisting in physical activities relating to instruction will occur in normal interactions between staff and children. However, children's preferences for these types of contact will be considered.
- g. Whenever possible, the child will be asked before touching. For example, ask the child if they would like a hug instead of just hugging him/her. Tell children before handling what you have to do. Some examples include "I'm going to change you

diaper now," "I'm going to help you get dressed," or "I'm going to move you to a quiet area."

7. Inappropriate touching includes:

- a. Coercion or other forms of exploitation of children and youth;
- b. Satisfaction of adult needs at the expense of the child;
- c. Attempts to change child behavior with physical force;
- d. Physical contact that is in violation of the law and cultural norms.

8. Examples of inappropriate touching include:

- a. Corporal punishment;
- b. Forced good-bye hugs and/or kisses;
- c. Slapping, striking, pinching, prolonged tickling, fondling, molestation, or any physical contact, within reason, that the child or youth describes as making them feel uncomfortable.

9. All allegations of inappropriate touching will be investigated and may be grounds for immediate closure of the FCC/HOP home or reassignment of a CVS Services employee, contract employee, or volunteer until the investigation is completed.

10. The primary Child and Youth Program Assistant (CYPA) and assisting CYPA(s) will always maintain sight and sound supervision of all CDC children under their care.

11. CDC CYPAs will conduct written name-to-face counts once per hour (every 30 minutes for hourly care) and report any discrepancies to the Assistant Director or Director.

12. All individuals who work with children and youth are mandated reporters. If they witness an event that a reasonable person would consider child abuse or neglect, they are required to report directly to the Reporting Point of Contact and will immediately do so. If an event occurs that a reasonable person would not consider child abuse or neglect, but is still a violation of this guidance, they must immediately verbally report it to their supervisor or other management staff and then follow-up in writing.

13. CDC CYPAs/providers are responsible for maintaining specific accountability for each CDC child in their group. Systems in place will account for children's whereabouts at regular intervals, especially during periods of transition. CYPAs who observe a child slipping away from or leaving his/her primary care group will immediately advise the

primary CYPAs. CYPAs are responsible for assisting each other as needed. This is not considered abuse/neglect.

14. Staff will ensure that while under LOSS they are in view of another cleared staff member at all times and are wearing the appropriate color coded apparel. When providing LOSS for another employee they will keep that person in sight at all times.

My signature acknowledges that I have read, understand, and will comply with the Standard of Conduct SOP on appropriate guidance & discipline, touching, and accountability of children/youth,, and my role in prevention and reporting child abuse or neglect in CVS Services programs.

Signature

Date

Print Name

IMCOM-HQ CYS SERVICES VOLUNTEER COACH INDIVIDUAL DEVELOPMENT PLAN

Installation Management Command Child, Youth and School (CYS) Services Volunteer Coach Individual Development Plan (IDP)

Volunteer Name (Last, First)		Volunteer Position Program Location and Title:	
Volunteer Phone Contact:		Volunteer Supervisor Name and Phone:	
Volunteer's Organization/Mailing Address		Volunteer Email Address:	
Description	Date of Completion	Description	Date of Completion
Signed Volunteer Job Description <small>One time requirement</small>		First Aid Orientation <i>to include injury prevention, response and reporting</i> <small>Annual</small>	
Signed Volunteer Agreement DD Form 2793 <small>One time requirement</small>		Cardiopulmonary Resuscitation (CPR) Orientation <i>(Hands-only or equivalent training)</i> <small>Annual</small>	
Signed CYS Services Statement of Understanding <small>Updated annually</small>		CYS Services Youth Sports and Fitness Orientation <i>to include youth health and safety, fire prevention, emergency and evacuation procedures, applicable regulations, installation policy, inclement weather and activity cancellation procedures</i> <small>One time requirement</small>	Coach Initial: Date:
Child Abuse Prevention, Identification and Reporting <small>Annual</small>		Introduction to Ages and Stages Training <i>age appropriate activities, guidance and discipline in addition to techniques for working with special needs children and youth</i> <small>One time requirement</small>	Coach Initial: Date:
Initial Level NAYS Coaches Training, Exam & Code of Ethics <small>One time requirement</small>		Volunteer Orientation and Online Registration www.myarmyonesource.com <i>Role of the volunteer in program</i> <small>One time requirement</small>	Director Initial: Date:
Heads Up to Youth Sports Concussion Training www.cdc.org or www.nays.com <small>One time requirement</small>			

Training, Clinics & Observations				Recertification		
Description of Training	Sport	Date Complete	Result	Sport	Date Complete	Result
(SAMPLE) National Alliance for Youth Sports (NAYS) Certification	Soccer	14 Nov 2015	Clear			