



YOUTH SPORTS VOLUNTEER BACKGROUND CHECK PACKET

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
154 KAUHINI RD. BLDG. 1782 HONOLULU HI,
96819

SB: 808-655-6465
2251 McMahan RD. BLDG 9090 SCHOFIELD BKS HI,
96857

•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: _____

VOLUNTEER/CONTRACTOR REFERENCE INQUIRY

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



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

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 - CONSENTI, _____, **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 G9 CYS SERVICES VOLUNTEER SPORTS AND FITNESS COACH JOB DESCRIPTION



U.S. Army Child, Youth & School Services

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 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 reframe 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, sections pertaining to the Touch Policy and supervision of staff, and other sections as directed by management;
- b. AR 608-18 Chapter 8, Out of Home Cases in DoD Sanctioned Activities;
- c. Latest CYS Multi-Disciplinary Team Inspection tool sections on Risk Management and Supervision; and
- d. My Position Description, which states my designation as a mandated reporter of child abuse or neglect.

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

CYS Personnel Signature

Print Name

Date

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://dpcllo.defense.gov/privacy/SORNs/component/army/A0608-10_CFSC.html

Navy: <http://dpcllo.defense.gov/privacy/SORNs/component/navy/NM01754-3.html>

Air Force: http://dpcllo.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://dpcllo.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

Schofield Barracks/Youth Sports & Fitness

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 CYS 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				
<p>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.</p>				
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				
<p>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.</p>				
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)				b. SIGNATURE
				c. DATE SIGNED (YYYYMMDD)

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			