



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 McMahon 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
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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:



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

VOLUNTEER/CONTRACTOR REFERENCE INQUIRY

1. VOLUNTEER/CONTRACTOR NAME:	2. HOW LONG HAVE YOU KNOWN APPLICANT AND IN WHAT CAPACITY (IES) (Check applicable block and enter below)				
	CAPACITY		APPROXIMATE TIME KNOWN		
	SUPERVISOR				
	EMPLOYER				
	FELLOW EMPLOYEE				
	ACQUAINTANCE				
	OTHER (Specify)				
PERSONAL APPRAISAL (Based on your experience with applicant, indicate by check mark in the appropriate column your evaluation of the following factors.)	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 following questions, give details under "Remarks.")					
4. Do you have any reason to question this person's loyalty to the United States?			YES	NO	
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: <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>	2. HOW LONG HAVE YOU KNOW APPLICANT AND IN WHAT CAPACITY (IES) (Check applicable block and enter below)				
PERSONAL APPRAISAL <i>(Based on your experience with applicant, indicate by check mark in the appropriate column your evaluation of the following factors.)</i>	CAPACITY		APPROXIMATE TIME KNOWN		
	SUPERVISOR				
	EMPLOYER				
	FELLOW EMPLOYEE				
	ACQUAINTANCE				
	OTHER (Specify)				
	Insufficient Opportunity to Observe	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.					
<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	

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, (client's full name), 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/Youth Svcs Suitability Progfor 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 in accordance with (IAW) CYS Policy by using knowledge, skills and abilities to identify appropriate and inappropriate behavior of children/youth based on their age and social/emotional development. I will role-model and explicitly teach problem-solving strategies, impulse control, empathy and acceptance of self and others as well as pro-social behavior.
2. I will never use corporal/physical punishment, psychological abuse or coercion as an acceptable form of guidance. Guidance will never be punitive in nature. Children will not be punished physically or verbally for lapses in toilet training or refusing food. I will never punish children/youth by any of the following: spanking, pinching, dragging or grabbing, shaking, or other corporal punishment; isolation, time away/timeout, or overly punitive restrictions; confinement in closets, boxes, or similar places **or locked seclusion; manual, mechanical, or chemical restraint**; humiliation, **demeaning, shaming**, verbal abuse, taunting, teasing, **degrading language or activities, or psychological pain**; deprivation of meals, **hydration**, snacks, outdoor play opportunities, or other program components; **aversive stimuli; forced physical exercise to eliminate behaviors; punitive work assignments; punishment by peers; or group punishment or discipline for individual behavior**. Restricting the use of specific play materials and equipment, or participation in a specific activity will be based on the developmental age and social/emotional development of the child and if it poses a safety concern for the child or others.
3. I am responsible for knowing the boundaries for appropriate and inappropriate touching that are established to ensure that CYS personnel have a clear understanding of what is acceptable and what is not. These boundaries are specified in the Standards of Conduct and Accountability SOP.
4. If an allegation of abuse/neglect is made against me, it will be grounds for immediate closure of my Family Child Care (FCC) home or reassignment outside of CYS until the investigation is completed.
5. I am responsible for supervising Infants, Pre-toddlers and Toddlers by sight and sound at all times, including when sleeping. Mirrors and video monitoring do not replace direct sight and sound supervision. Preschool and kindergarten children are supervised by sight most of the time, with the exception of brief periods when children cannot be seen but still heard, as long as I check frequently on children who are out of sight (e.g. child using the toilet independently, child in a library area). Kindergarteners and School-age children may leave my supervision for brief periods, so long as they are in a safe environment (such as going to a hall bathroom) but must be within sight and/or hearing most of the time. Middle

School and Teen youth are supervised by monitoring areas where youth are engaged in activities and requires that I move throughout the facility.

6. I am responsible for maintaining specific accountability for each Child Development Center (CDC)/Family Child Care (FCC) child in my group or each School Age Center (SAC)/Middle School Teen (MST) youth in my facility. I will follow the systems in place to account for children and youth at regular intervals, especially during periods of transition in CDC/SAC and during off-site activities based on risk assessment analysis. If I observe a child slipping away from or leaving his/her primary care group or discover a youth in an off-limits area within the facility, I will notify the primary caregiver. These instances are not considered abuse/neglect. I am part of a team and am responsible for assisting my teammates as needed.

7. I will conduct or participate in a face-to-name count of children conducted once per hour in CDCs and during transitions in and out of the classroom. I will monitor all School Age children and Middle School/Teen youth while they independently move throughout the facility.

8. I must ensure the physical count of children/youth and/or the system that is used to monitor the whereabouts of children matches the number signed in (applies to direct care and management staff). I must ensure that the physical count of children/youth matches the number swiped into Child and Youth Management System (CYMS) (applies to management staff only).

9. I will focus my full attention on the children/youth in my care and will refrain from using personal electronic devices (to include cell phones, tablets, laptops and smart watches) while counted in ratio.

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

11. I understand that CYS facilities are under continuous video and audio surveillance through Closed Circuit Television (CCTV). I also understand that recordings may be used to substantiate or refute allegations of child abuse/neglect or employee misconduct, as a training aide, or to recognize positive performance.

12. I may be observed by a manager or Training Specialist as part of a documented training or performance observation any time during my duty hours, either in person or through the use of the CCTV System.

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

14. If I witness an incident that a reasonable person would not consider child abuse or neglect, but is still a violation of this guidance, I will immediately verbally report it to my supervisor or other management staff, and follow up in writing.

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

16. I will wear my appropriate color coded apparel (ensuring apparel can be seen at all times and from all angles) when caring for children/youth.

17. I will refrain from commenting, passing judgment, or providing guidance or input on sensitive topics with children/youth. I will encourage children/youth to reach out to a trusted family member or counselor for discussion.

18. The following Social Media and Electronic Communications are prohibited:

- Displaying in the workplace or any other place likely to embarrass or undermine the professional credibility of the CYS program or otherwise interfere with CYS operations, any material that is sexually explicit, provocative, inappropriate, inflammatory, or unprofessional. Such materials shall not be present on CYS premises.
- Communication to staff or children/youth that is unprofessional or inappropriate.
- Communication with children/youth through social media platforms except via the program's official social media pages (e.g. facebook, twitter).
- Communication with children/youth by email and messaging except via staff's .mil email address – all electronic communications with children/youth will have a parent and at least one other paid staff member on the cc line.
- Communication with children/youth by text message via a personal device.
- Sharing home or personal email, messaging, phone numbers or social media addresses with children/youth.
- Posting media to a personal social media site which includes non-familial children/youth enrolled in CYS programs.
- Use of Personal Electronic Devices while on duty.

19. I am required to immediately inform my supervisor/program director if I am charged with a crime referenced on the DD Form 2981 Basic Criminal History and Statement of Admission.

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 Standards of Conduct and Accountability SOP on appropriate guidance, touching, interactions, social media, and accountability of children/youth, and my role in preventing and reporting child abuse or neglect in CYS programs.

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

- a. AR 608-10, sections pertaining to the Touch Policy and supervision of children, and other sections as directed by management;
- b. AR 608-18 Chapter 8, Out of Home Cases in DoD Sanctioned Activities;
- c. Latest CYS Multi-Disciplinary Team Inspection tool sections on Risk Management and Supervision; and
- d. My Position Description, which states my designation as a mandated reporter of child abuse or neglect.

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

Year 1:

CYS Personnel Signature

Print Name

Date

Year 2:

CYS Personnel Signature

Print Name

Date

Year 3:

CYS Personnel Signature

Print Name

Date

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-fmwr.aspx>

Navy: <http://dpcld.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570428/nm01764-3.aspx>

Air Force: <http://dpcld.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/Article/569765/f034-af-ava-cl>

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

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.

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 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)		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: USAG-HI Youth Sports & Fitness Dept.
Volunteer Phone Contact:	Volunteer Supervisor Name and Phone: Chris F. 808-837-0176/Marcus K. 808-655-0883
Volunteer's Organization/Mailing Address	Volunteer Email Address:

Description	Date of Completion	Description	Date of Completion
Signed Volunteer Job Description <small>(Use later requirement)</small>	Director Initial:	First Aid Orientation <i>to include injury prevention, response and reporting</i> <small>Annual</small>	Director Initial:
Signed Volunteer Agreement DD Form 2793 <small>(Use later requirement)</small>	Director Initial:	Cardiopulmonary Resuscitation (CPR) Orientation <i>(Hands-only or equivalent training)</i> <small>Annual</small>	Director Initial:
Signed CYS Services Statement of Understanding <small>(Updated annually)</small>	Director Initial:	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>(Use later requirement)</small>	Coach Initial:
Child Abuse Prevention, Identification and Reporting <small>Annual</small>	Director Initial:	Introduction to Ages and Stages Training <i>age appropriate activities, guidance and discipline in addition to techniques for working with special need children and youth</i> <small>(Use later requirement)</small>	Coach Initial:
Initial Level NAYS Coaches Training, Exam & Code of Ethics <small>(Use later requirement)</small>	Director Initial:	Volunteer Orientation and Online Registration www.mymilitarysource.com <i>Role of the volunteer in program</i> <small>(Use later requirement)</small>	Director Initial:
Heads Up to Youth Sports Concussion Training www.cdc.org or www.nays.com <small>(Use later requirement)</small>	Director Initial:		

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			



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 encouraged to use appropriate controls on my digital and social media accounts to control who sees my personal information, comments, pictures, etc. and I understand that it is my responsibility to learn how to use privacy controls on the social media platforms that I use. 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 understand that such communication should be made from my professional email or Social Media Accounts, such as my mail.mil account and/or the program's official Social Media. 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
7/26/2018 Previous versions obsolete



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 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