



YOUTH SPORTS VOLUNTEER BACKGROUND CHECK PACKET

FILL OUT ALL SECTIONS THAT ARE **HIGHLIGHTED**. ALL HIGHLIGHTED SECTIONS MUST BE COMPLETED **BEFORE SUBMISSION** ALONG WITH CURRENT IMMUNIZATION RECORDS.

SIGNATURES: USE ONLY REGULAR INK OR CAC CARD.

****PLEASE CALL YOUR LOCAL YOUTH SPORTS OFFICE WITH ANY QUESTIONS****

North: **Schofield Barracks**

808-655-6465 / 787-4110 or 4111

2251 McMahan RD. BLDG 9090 SCHOFIELD BKS HI, 96857

South: **AMR**

808-836-1923 / 787-4141

154 KAUHINI RD. BLDG. 1782 HONOLULU HI, 96819

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



Packet Instructions & Essential Information

We appreciate your interest in coaching for USAG Hawaii Youth Sports!

Friendly Reminder:

- You can choose to be a head coach or assisting coach in **Schofield Barracks** or in **Alimanu Military Reservation**.
- Earn **88** volunteer hours **per sport season**, which are valuable for earning promotional points.
- Become certified as a Coach with NAYS, the National Alliance for Youth Sports.
- Gain CPR and First Aid certification.
- **Head coaches** with kids get 100% reimbursement for ALL their children in the same sport.
- **Assistant coaches** receive 100% reimbursement for ONE child.

Coach on-boarding process:

There are just three essential steps you'll need to complete:

Step 1: Fill out the coaching packet.

Step 2: We'll guide you through the process of completing your "Live Scan Fingerprints."

Step 3: Complete your trainings - Our Sports Specialists will assist you in obtaining all necessary certifications.

Following these steps, our team will request your Background Check Verification on your behalf.

Once complete, you're ready to coach!

Packet Instructions:

- Inside, you'll find two reference forms for **two non-family members to complete.**
- When filling out the forms, use the format MM/DD/YYYY unless otherwise specified as YYYY/MM/DD.
- You can either deliver the packet in person to our office or email it to us. We'll be happy to assist you!!
- **If printed, please ensure it is printed on one side only. | For signatures, please use regular ink or a CAC CARD.**

Contact us:

• **Schofield Barracks - 808-787-4110, 4111 or 808-655-6465**
Address: 2251 McMahon Road, Bldg. 9090, Schofield Barracks
jennifer.s.higaki.naf@army.mil
orealys.g.velazquez-gonzalez.naf@army.mil
ilisha.t.badua.naf@army.mil

• **AMR - 808-787-4141 or 08-836-1923**
Address: 154 Kauhini Rd. Bldg. 1782, Honolulu HI 96818
chris.t.fuamatu-maafala.naf@army.mil
paris.gravelly.naf@army.mil
songhwa.choi.naf@army.mil



Acknowledgment Form - Immunization Records

Coach Name:	_____
Coach Signature:	_____

To ensure that your coaching file is in compliance with the order:

“01 to OPERATIONS ORDER 21-033: Child and Youth Services (CYS) Immunizations Requirements (U)”

We kindly request that you provide us with your immunization records. The following are required:

Immunizations:	Recurrence:
Influenza	Annually
Hepatitis B	Only once: three-dose series
MMR	Only once: two doses
TDAP/Td	Every 10 years
Varicella	Only once: two doses

IMPORTANT

- 1. You must provide your current immunization records, even if you don't meet all the immunization requirements.**
- 2. Approval for your sports participation is pending until we receive your immunization records.**
Please submit them along with the completed packet in order to comply with the previously outlined order.
- 3. If you are unable to meet the previous Immunization Requirements, you must sign an "Immunization Waiver." If applicable, please request an Immunization Waiver Form from us.**

Please deliver the required document in person to our office at Bennett Youth Center, 2251 McMahan Road, Bldg. 9090, Schofield Barracks, or email it with the packet.

• Schofield Barracks - 808-655-6465 / 787-4111 or 4110
Address: 2251 McMahan Road, Bldg. 9090, HI 96786
Orealys.g.velazquez.naf@army.mil
llisha.t.badua.naf@army.mil

• Alimanu Military Reservation - 808-836-1923 / 787-4141
Address: 154 Kauhini Rd. Bldg. 1782, Honolulu HI 96818
jennifer.s.higaki.naf@army.mil
paris.gravelly.naf@army.mil

EXPERIENCE WORKING/VOLUNTEERING WITH CHILDREN/YOUTH:

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

1. _____
2. _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

A non-family member must complete this reference form.

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					
PERSONAL APPRAISAL (Based on your experience with applicant, indicate by check mark in the appropriate column your evaluation of the following factors.)	FELLOW EMPLOYEE					
	ACQUAINTANCE					
	OTHER (Specify)					
3.a. DEPENDABILITY -Accepts assigned responsibility and effectively accomplishes duties in an approved manner within time established.	Insufficient Opportunity to Observe	Outstanding	Better than Average	Adequate	Unsatisfactory	
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.						
<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			

A non-family member must complete this reference form.

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					
PERSONAL APPRAISAL (Based on your experience with applicant, indicate by check mark in the appropriate column your evaluation of the following factors.)	FELLOW EMPLOYEE					
	ACQUAINTANCE					
	OTHER (Specify)					
3.a. DEPENDABILITY -Accepts assigned responsibility and effectively accomplishes duties in an approved manner within time established.	Insufficient Opportunity to Observe	Outstanding	Better than Average	Adequate	Unsatisfactory	
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.						
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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.")					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			

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

OMB No. 0704-0516
 OMB approval expires:
 20241031

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, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@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: 34 U.S.C 20351, Child Care Worker Employee Background Checks Requirements for Background Checks; Public Law 115-91, Section 925, (NDAA for FY2018) Background and Security Investigations for Department of Defense Personnel (10 U.S.C. 1564 note); 5 U.S.C. 9101, Access to Criminal History Records for National Security and Other Purposes; Executive Order 10450 Security Requirements for Government Employees; DoD Instruction 1402.05, Background Checks on Individuals in DoD 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 collect criminal history information of DoD personnel or contractors seeking to work with children in DoD child care services programs. Information received may be used to assess preliminary interim, on-going, or final suitability/fitness of DoD personnel or contractors working with children in these programs.

ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. 522a(b) of the Privacy Act of 1974, these records may specifically be disclosed outside of DoD pursuant to 522a(b)(3), including as follows: To designated officers and employees of Federal, State, local, territorial, tribal, international, or foreign agencies, or other public authorities, or to other offices or establishments in the executive, legislative, or judicial branches of the Federal Government, in connection with the hiring or retention of an employee, the conduct of a suitability, credentialing, or security investigation, the classifying of jobs, the letting of a contract, or the issuance of a license, grant or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter and the Department deems appropriate; to the appropriate Federal, State, local, territorial, tribal, foreign, or international law enforcement authority or other appropriate entity where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law.

A complete list of routine uses may be found in the applicable System of Records Notice (SORN), DUSDI-02 DoD, Personnel Vetting Records System, at <https://dpcl.d.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DUSDI-02-DoD.pdf>

DISCLOSURE: Voluntary. However, failure to provide all requested information may result in an unfavorable adjudication or determination regarding suitability or fitness to work with children.

1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements.)	2. OTHER NAME(S) USED	
3. DATE OF BIRTH (YYYYMMDD)	4. INSTALLATION/PROGRAM NAME Schofield Barracks/CYS	5. DATE OF HIRE (YYYYMMDD)

6. Have you EVER been apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law or Municipal law? (Do not include traffic fines of less than \$300.) In addition, are you aware of a current allegation/investigation of child abuse/neglect or domestic violence by you, or have you otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category. For any YES answers, complete columns 1-6 and provide a complete summary of the incident on page 2, block 9. Summary should include any disposition or potential mitigating information.

CHILD ABUSE/ NEGLECT: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DRUG OR ALCOHOL: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	VIOLENT CRIME/ ASSAULTIVE BEHAVIOR: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
SEX CRIME: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DOMESTIC VIOLENCE: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	OTHER: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

(a) Month/ Year (MM/YYYY)	(b) Offense	(c) Action Taken	(d) Court or Law Enforcement Agency (City & Country if outside the United States)	(e) State	(f) Zip Code	(g) Date of Self- Report (YYYYMMDD)

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 apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law, or Municipal law referenced in block 6. In addition, I will immediately report when I am aware of a current allegation/investigation of child abuse/neglect or domestic violence, or have otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category.

a. SIGNATURE	b. DATE (YYYYMMDD)
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8. ANNUAL CERTIFICATIONS (Required by Child Development and Youth Program Staff and Volunteers. Certify for the most year recent only.)
 In the past year, have you been apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law, or Municipal law? (Do not include traffic fines of less than \$300.) In addition, are you aware of a current allegation/investigation of child abuse/neglect or domestic violence by you, or have you otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category.

Failure to disclose accurate information may be grounds for dismissal, termination, or debarment 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, state agencies, and/or foreign governments, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Counterintelligence and Security Agency (DCSA), 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 until 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 completeness 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 safeguarded, including for the purpose of conducting 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 good-faith compliance, or any good-faith 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 or Child and Youth Programs representative if I am apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law, or Municipal law with a crime referenced in block 6. (Do not include traffic fines of less than \$300.). In addition, I will immediately report when I am aware of a current allegation/investigation of child abuse/neglect or domestic violence, or have otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category. I also understand that if I am a family child care provider that I will make the same report for the same offenses for members in my household.

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)
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11. PARENT CONSENT FOR MINORS:

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.

a. SIGNATURE OF PARENT/GUARDIAN (if under age 18)	b. DATE SIGNED (YYYYMMDD)
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INSTRUCTIONS

This Department of Defense Form is to be completed by prospective or current employees, volunteers, DoD contractors or employees of DoD contractors, Family Child Care (FCC) providers, and adults residing in the FCC 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 apprehended, arrested, charged, or convicted by Federal, State, or other Local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), Military law, State law, County law, or Municipal law, Regulation or Ordinance, nor have they been apprehended, 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. FCC providers will also report the same offenses for members in their household. Individuals who work and volunteer in DoD Child Development and Youth Programs must update this form on an annual basis.

Completion of this form is voluntary; however, failure to provide requested information may result in an unfavorable adjudication or determination regarding suitability or fitness to work with children in support of DoD child care services programs

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 and DoD program where you seek employment or to volunteer; if operating or residing in a FCC home, provide the address of the FCC home.
5. Provide the date of hire. *To be completed by HR or Security Manager.*
6. Place an X in the appropriate box based on whether you EVER been apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law, or Municipal law? (Do not include traffic fines of less than \$300.) In addition, are you aware of a current allegation/investigation of child abuse/neglect or domestic violence by you, or have you otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category. Be sure to disclose any covered charges or incidents, even if they were expunged, and/or even if you would not otherwise need to disclose them on an employment application or forms, as they may be identified in the background check process. You must also disclose all covered incidents, even if you did so on a previous consent and self-disclosure form and/or even if the incident was previously adjudicated.

If you answered "Yes," explain your answer in the space provided. If additional space is needed, use block 9.

Use column 6.g for subsequent self-reports (as applicable).

7. Sign and Date.
8. On an annual basis, for the most recent year only, select the appropriate answer (yes or no) or write in the appropriate response indicating if you have been apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law or Municipal law? (Do not include traffic fines of less than \$300.) In addition, are you aware of a current allegation/investigation of child abuse/neglect or domestic violence by you, or have you otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category.
9. If needed, use this space for additional comments to explain blocks 6 and/or 8.
10. Sign and date.

ASAP CLIENT'S CONSENT STATEMENT FOR RELEASE OF TREATMENT INFORMATION

For use of this form, see AR 600-85; the proponent agency is DCS, G-1.

SECTION A - CONSENT

I, _____, this _____ day of _____, 20 24, _____
(Client's Full Name)

do hereby voluntarily consent to the release of the following information by _____ HQDA ASAP _____
(Name of Installation ASAP)

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 10-22 and 10-27, 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 ASAP, 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 <i>(Type or print)</i>	SIGNATURE	DATE

SECTION C - APPROVAL AUTHORITY FOR RELEASE OF INFORMATION

NOTE: Other than the MEDCEN/MEDDAC/DHA 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/DHA Commander OR DESIGNATED REPRESENTATIVE <i>(Type or print)</i>	
SIGNATURE	DATE

CYS VOLUNTEER - YOUTH SPORTS AND FITNESS

POSITION DESCRIPTION



- Organization:** IMCOM-HQ, Child and Youth Services (CYS) Youth Sports and Fitness (YS)
- Position Title:** CYS Youth Sports and Fitness - Volunteer Coach
- Summary:** *"A good coach improves your game. A great coach improves your life."*
- Michael Josephson
- Duties:** Teach proper skills, fundamentals of rules, strategies and procedures needed to Participate in a specified sport in accordance with the CYS requirements. Be present at scheduled starting time. Inform CYS YS staff members regarding changes, concerns and issues. Keep players and parents informed about all practice and/or games times and any changes. Maintain a focus on sports skill development, recreation, maximum participation of players, and leisure activities. Maintain CYS property, role model appropriate behavior (e.g., Army Values, CYS Statement of Understanding) and abide by the CYS YS philosophy.
- Time Required:** Practices are generally held 2 days a week, Tuesday through Friday, from 1700 to 2000
Note: Practices must be conducted IAW CYS guidance

Games are generally held Saturday between: 0800-1500
Note: Average- one game/week, varying times. *Weekday games possible.
- Benefits:** Program is designed to promote positive attitudes and reinforce CYS YS 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.
- 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.

IMCOM-HQ CYS SERVICES VOLUNTEER SPORTS AND FITNESS COACH

JOB DESCRIPTION – Page 2

Qualifications: Background/clearance check IAW CYS Services guidance.
Supervisor: Brendyn Agbayani: CYS Youth Sports and Fitness Director.
Assessment: CYS YS Volunteer Coaches will receive feedback through the CYS YS POC.

Contact Information:

CYS - Youth Sports & Fitness

NORTH:

Schofield Barracks - Main Office:

808-655-6465 / 787-4111 or 4110

Address: 2251 McMahan Road, Bldg. 9090, HI 96786

SOUTH:

AMR - Alimanu Military Reservation

808-836-1923 / 787-4141

Address: 154 Kauhini Rd. Bldg. 1782, Honolulu, HI 96818

CYS Youth Sports and Fitness – "Bringing out the best in youth."



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

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/Youth 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 counts 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.

SUZANNE V. KING
Chief, Child and Youth Services

CYS PROFESSIONAL'S CREED

I am an Army CYS professional trained in my duties. I serve Department of Defense Families who protect the nation by protecting their children/youth, and ensure accountability for children/youth in my care.

I will always provide a safe, nurturing, and enriching environment. Never will I put children/youth in harm's way or allow others to do so. I will build trust with parents so they can concentrate on their mission. I will always treat Families with the dignity and respect they deserve. Army professionals are key members of the Army Team. I am an Army professional.

My signature acknowledges that I have read, understand, and will comply with the CYS Professional's Creed and the Standards of Conduct and Accountability SOP.

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



COACHES' CODE OF ETHICS

I hereby pledge to live up to my certification as a NYSCA Coach by following the NYSCA Coach's 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



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 CYC 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 CYC 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:

CYC 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 CYC 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. CYC 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 CYC, our policy discourages me from associating with youth or parents on my personal Social Media pages. I would encourage you to “Like” our CYC 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



**ARMY CHILD & YOUTH SERVICES
CONTRACTOR AND VOLUNTEER
ORIENTATION/ANNUAL INDIVIDUAL DEVELOPMENT PLAN**

Name: _____ Position: Volunteer / Contractor

Installation/Program: **USAG Hawaii - CYS Youth Sports**

Manager Name and Email Address: **Brendyn Agbayani / brendyn.c.agbayani.naf@army.mil**

The Contractor and Volunteer IDP is created every 12 months in collaboration between the Contractor/Volunteer and the Program Manager. **Orientation** training must be completed prior to working with children/youth and training requirements are due **annually** thereafter.

I understand that successful completion of training with demonstrated competence within the prescribed time frame is a Contractor/Volunteer requirement.

Signature of Contractor/Volunteer:

Date:

Orientation and Annual Training or Documentation	Date Year 1	Date Year 2	Date Year 3	Contractor /Volunteer Initials	Program Manager Initials
BVC Completion Date Expires in 5 years		N/A	N/A		
Child Abuse Prevention, Identification, and Reporting (includes Standards of Conduct) Annually					
Concussion Training (volunteer coaches only) Annually					
CPR / First Aid Annually					
National Alliance of Youth Sports Training Annually					
Statement of Understanding - CYS Annually				Initials:	
DD FORM 2981 (Dec 2021) Annually				Initials:	
Social Media Statement of Understanding - CYS Annually				Initials:	
<input type="radio"/> Immunizations Record Provided Annually				Initials:	
<input type="radio"/> Immunizations Waiver Requested/Signed Annually				Initials:	
Health Assessment (contractors only) Annually					
Immunization Requirements - Acknowledgment Form		N/A	N/A	Initials:	
Job Description: The Role of the Volunteer/Contractor		N/A	N/A	Initials:	
VMIS Information - Volunteer Mgmt. Information System		N/A	N/A	Initials:	

Signature of Volunteer/Contractor/Date	
Signature of Program Manager/Date	

VOLUNTEER AGREEMENT FOR

 APPROPRIATED FUND ACTIVITIES NONAPPROPRIATED FUND INSTRUMENTALITIES

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1588, Authority to accept certain voluntary services; 5 U.S.C. 3111, Acceptance of volunteer service; and DoDI 1100.21, Voluntary Services in the Department of Defense.

PRINCIPAL PURPOSES(S): To acknowledge and document Volunteer Agreement for Appropriated Fund Activities or Nonappropriated Fund Instrumentalities before a statutory individual is allowed to provide volunteer services.

ROUTINE USES: There are no specific routine uses anticipated for this information; however, it may be subject to a number of proper and necessary routine uses that are identified in each of the following systems of records notices: (1) A0608b DFSC, Personal Affairs: Army Community Service Assistance Files (at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570084/a0608b-cfsc/>); (2) NM01754-2, DON Family Support Program Volunteers (at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570427/nm01754-2/>); and (3) F036 AFDPC, Family Services Volunteer and Request Record (at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569815/f036-af-dp-c/>).

DISCLOSURE: Voluntary; however, lack of a signed Volunteer Agreement will limit Government support and eliminate certain benefits to individuals donating voluntary services to Appropriated Fund Activities and Nonappropriated Fund Instrumentalities.

PART 1 - GENERAL INFORMATION

1. NAME OF VOLUNTEER (Last, First, Middle Initial)	2. NAME OF PARENT/GUARDIAN (If volunteer is under age 18) (Last, First Middle Initial)	3. VOLUNTEER IS (Select one)
		<input type="checkbox"/> AGE 18 OR OVER <input type="checkbox"/> UNDER AGE 18

4. TELEPHONE NUMBER (Include Area Code)	5. E-MAIL ADDRESS

PART II - VOLUNTEER ASSIGNMENT (to be completed by Accepting Official)

6. INSTALLATION/COMPONENT ACTIVITY	7. ORGANIZATION/UNIT WHERE SERVICE OCCURS	8. PROGRAM WHERE SERVICE OCCURS	9. ANTICIPATED DAYS OF WEEK	10. ANTICIPATED HOURS

11. DESCRIPTION OF VOLUNTEER SERVICES

PART III - VOLUNTEER CERTIFICATION

12. CERTIFICATION

I expressly agree that my services (or those of my minor child) 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, to participate in any training required to perform assigned voluntary duties, and to follow all installation, unit and organization rules and procedures applicable to the voluntary services I (or my minor child) will be providing.

a. SIGNATURE OF VOLUNTEER	b. SIGNATURE OF PARENT/GUARDIAN (if volunteer is under age 18)	c. DATE SIGNED (YYYYMMDD)

13.a. 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 AND SIGNED BY VOLUNTEER

14. AMOUNT OF VOLUNTEER TIME DONATED	a. YEARS. (2,087 hours = 1 year)	b. WEEKS	c. DAYS	d. HOURS	15. SERVICE END DATE (YYYYMMDD)

16.a. VOLUNTEER SIGNATURE	b. PARENT/GUARDIAN SIGNATURE (If volunteer is under age 18)	17.a. NAME OF SUPERVISOR (Last, First, Middle Initial)	b. SUPERVISOR'S SIGNATURE	c. DATE SIGNED (YYYYMMDD)



ATTENTION • COACH

To ensure you receive credit for your service, please remember to submit your volunteer hours in VMIS, [Volunteer Management Information System].



Scan the QR code for instructions on how to create your account.

If you have trouble scanning the QR code, please ask us for the instructions.

Call 808-787-4110/4111, or email jennifer.s.higaki.naf@army.mil

