

Volunteer Coach Welcome

Thank you for your interest in volunteer coaching with Child and Youth Services Youth Sports and Fitness. We offer a variety of sports and fitness programs to the CBPA youth and are always looking for volunteers to join our Better Sports for Kids Quality Team. The process to becoming a volunteer is completed in 3 steps:

Step 1: Background Check and Fingerprinting

Once this packet is completed and turned into the YSFP office, we will review the documents attached for accuracy. We will then provide you the contact information and facilitate scheduling of your Fingerprints here on post in the Security Office. Background checks are good for 5 years and can be transferred to your next duty station if you decide to volunteer there, at the request of your next duty station.

Step 2: Volunteer Coach Orientation

As we approach the start date for the program in which you are volunteering, we will schedule group orientations for volunteers to attend. These 30-45min orientations cover the program details and provide training/review on important topics such as emergency and evacuation procedures, child abuse and neglect reporting, ages and stages training, First Aid/CPR/Concussion refreshers, and other information.

Step 3: Free NAYS Certification and Sport Specific Training

Each volunteer is registered for a National Alliance of Youth Sports (NAYS) membership for one year at no cost! Volunteers will be registered for a brief, digital sports-specific training that applies to the program you are volunteering for to be completed at home during your free time. Completion must be done prior to the start date of the program. NAYS offers numerous free resources to review at your leisure.

All three steps must be completed with favorable results in order to begin volunteering with Child and Youth Services – Youth Sports and Fitness. One of the YSFP staff members are available to answer any questions or comments you may have. We look forward to having you!

Dustin Rutz

Dustin Rutz
Youth Sports and Fitness Director

Alex Romanias

Alex Romanias
Asst. Youth Sports and Fitness Director



Background Check Instructions

Accuracy is required in order for a timely submission of your background check through Child Services Suitability Cell (CSSC). Once these documents are signed and returned to the YSFP Director, we will then facilitate your fingerprint appointment on post with the Security Office. Please follow the below directions in conjunction with filling out the attached forms.

➤ **IMCOM 30 (Child Services Background Check Request)**

Please complete “Section III – Subjects Information” only. The rest will be completed by the Youth Sports and Fitness Director

➤ **Department of Defense Form 2981 (Statement of Admission)**

Please complete both sections 1 through 6. Please sign and date section 7a and 7b, respectively. Please also sign and date page 2 under section 10a and 10b, respectively.

➤ **Department of Army Form 5018-R**

Please complete Section A using full name, including middle name (not just initial), sign and date Section B under ‘Signature of Client’. Do not worry about including a Witness name and signature.

➤ **Volunteer Coach Application**

Please complete the entire application. Sign and date at the bottom of the form as the ‘Applicant’.

➤ **Volunteer Job Description**

Please input the date at the top of the form, read and then print, sign and date under section ‘Coach’.

INSTALLATION MANAGEMENT COMMAND (IMCOM) BACKGROUND CHECK REQUEST (BCR) FORM

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

PRIVACY ACT STATEMENT

AUTHORITY: 34 USC 20351 and 10 USC 3013, Public Law 101-647, Section 231 (Crime Control Act of 1990); DODI 1402.05, Background Checks on Individualism DoD Child Care Services Programs, 11 Sep 2015, Army Directive 2014-23 (Conduct of Screening and Background Checks For Individuals Who Have Regular Contact With Children in Army Programs), DODI 6060.02 (Child Development Programs (CDPs), 5 Aug 2014), DODI 6060.4 (DoD Youth Programs (YPs), 23 Aug 2004), DoDI 1100.21, Voluntary Services in the Department of Defense, DODI 1400.25, Volume 731 DoD Civilian Personnel Management System: Suitability and Fitness Adjudication For Civilian Employees, 24 Aug 2012, DoD Instruction 1400.25, Subchapter 1403 (DoD Civilian Personnel Manual: Employment), 1 Dec 1996, Incorporating Change 5, 25 Mar 2000, DoD Instruction 1400.25, Volume 1231 DoD /Civilian Personnel Management System: Employment of Foreign Nationals; and E.O. 9397(SSN), as amended, AR 608-18, The Army Family Advocacy.

PURPOSE: To assess the suitability of persons and to determine the loyalty, eligibility, and general trustworthiness of individuals working in child (i.e., children under 18 years of age) services positions.

ROUTINE USE: The DoD "Blanket Routine Users" set forth at the beginning of the Army's compilation of systems of records notices also apply to this system.

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

SECTION I - REQUEST TYPE

Personnel Category:		Request Type:	New	Reverification	Transfer
Fiduciary Responsibility:	Yes No	Driving Responsibility:	Y^• No	Anticipated Start Date:	

SECTION II – REQUESTING OFFICE INFORMATION

Garrison:	Installation:	Directorate/Organization:
Requester Name:	Requester Telephone:	Requester E-mail:

SECTION III – SUBJECT’S INFORMATION

SSN:	Prefix/Rank:	Last Name:	First Name:	Middle Name:	Maiden Name:
Postfix/Suffix:	Birth Date MM/DD/YYYY:	Birth Country:	Birth State:	Birth City:	
Citizenship Docs: (personnel req. INV)		Primary E-mail:	Secondary E-mail:		
Primary Phone:		Secondary Phone:			
Current Street Address:	Current City:	Current State:	Current Zip Code:	Current Country:	
Functional Program:	Employment Location:		Employment Position:		

COMPLETE THIS SECTION ONLY IF THIS IS A TRANSFER FILE

Approximate Year Background Check Completed:	Completed by (check one): CDE CPAC	Name of Losing Garrison/Installation:
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ONLY COMPLETE THIS SECTION FOR VOLUNTEERS, CONTRACTORS (SHORT DURATION) AND OTHER CATEGORIES (FINGERPRINTS)

Date fingerprint completed (MM/DD) :	Date hard copy mailed (when LIVESCAN is down):	Method of delivery:	Tracking number:
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SECTION IV – FAMILY CHILD CARE/EMERGENCY PLACEMENT CARE

For each person listed below requiring initial check or reverification of checks, refer to the IMCOM Worksheet 30A for required documents.
List additional Family Members on a separate sheet of paper and include Category, Name, SSN, DOB and POB

Category:	Name:	SSN #:	Birth Date:	Birth Place:
Category:	Name:	SSN #:	Birth Date:	Birth Place:
Category:	Name:	SSN #:	Birth Date:	Birth Place:
Category:	Name:	SSN #:	Birth Date:	Birth Place:

SECTION V – ONLY COMPLETE IF CENTRALIZED CONTRACT

Contractor/POC for PSIP purposes:	E-mail:
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Remarks Section (Please note any special requests):

Name and signature of Functional Manager:	Date Submitted:
CDE Received (Name and Signature):	Date Received:

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://dpcl.d.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570012/a0215-fmwr.c.aspx>

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

Air Force: <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569755/f034-af-sva-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://dpcl.d.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
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3. DATE OF BIRTH (MM/DD/YYYY)	4. INSTALLATION/PROGRAM NAME	5. DATE OF HIRE
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No	DRUG OR ALCOHOL: <input type="checkbox"/> Yes <input type="checkbox"/> No	VIOLENT CRIME/ ASSAULTIVE BEHAVIOR: <input type="checkbox"/> Yes <input type="checkbox"/> No
SEX CRIME: <input type="checkbox"/> Yes <input type="checkbox"/> No	DOMESTIC VIOLENCE: <input type="checkbox"/> Yes <input type="checkbox"/> 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)
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8. ANNUAL CERTIFICATIONS (Required by Child Development and Youth Program Staff and Volunteers)
 In the past year, have you been arrested, apprehended, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law, Military law, State law, County or Municipal law or met the Family Advocacy criteria for child maltreatment.

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

a. 2nd YEAR (Yes or No)	(1) SIGNATURE	(2) DATE (YYYYMMDD)	b. 3rd YEAR (Yes or No)	(1) SIGNATURE	(2) DATE (YYYYMMDD)
c. 4th YEAR (Yes or No)	(1) SIGNATURE	(2) DATE (YYYYMMDD)	d. 5th YEAR (Yes or No)	(1) SIGNATURE	(2) DATE (YYYYMMDD)

Failure to provide information may result in an unfavorable adjudication decision.

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

9. NOTES *(Use this space to enter additional comments.)*

10. AUTHORIZATION AND RELEASE CERTIFICATION

I hereby authorize the Department of Defense and other authorized federal agencies to obtain any information required from the Federal government, and/or state agencies, and/or foreign governments, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Investigation Service (DIS), the U.S. Office of Personnel Management (OPM), the Department of Homeland Security (DHS), (if applicable), and from the State Criminal History Repository for each state where I have resided. This authorization is valid for one year from the date this form was signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

I have been notified of any employer's or Agency's right to require a criminal history records check as a condition of employment, or affiliation with DoD Child Care Services Programs. I understand that I may request a copy of such records as may be available to me under the law. I understand that I have a right to challenge the accuracy and competencies of any information contained in the criminal history records check report. I also understand that pursuant to the Privacy Act, the information collected will be confidential, and disclosure limited to purposes authorized under the Privacy Act - mainly to conduct the background check.

I release any individual, including records custodians, any component of the United States Government or the individual State Criminal History Repository supplying information, from all liability for damages that may result on account of compliance, or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

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

a. SIGNATURE

b. DATE SIGNED (YYYYMMDD)

INSTRUCTIONS

This Department of Defense Form is to be completed by prospective employees, volunteers, DoD Contractors, FCC providers, and adults residing in the home upon application for any position within a Department of Defense Child Care Services Programs. The form will be utilized for initial certification that said individual has not been arrested, charged, or convicted by Federal, State, or other Local authorities for any violation of any Federal law, Military law, State law, County or Municipal law, Regulation or Ordinance, nor have they been arrested, charged or held by Federal, State or Local Authorities for any crime or offense involving any of the following: Crime involving a child, sex crime, drug or alcohol offense, domestic violence, violent crime/assaultive behavior, or other. Employees and volunteers of DoD Child Development and Youth Programs must update this form on an annual basis.

Completion of this form is voluntary; however, failure to furnish all requested information may result in an unfavorable adjudication decision and may affect suitability of working with or around children.

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

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

If additional space is needed, use block 9.

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

ADAPCP CLIENT'S CONSENT STATEMENT FOR RELEASE OF TREATMENT INFORMATION

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

SECTION A - CONSENT

I, _____, this _____ day of _____, 20____,
 (client's full name)

do hereby voluntarily consent to the release of the following information by HQDA ASAP
 (name of installation ADAPCP)

pertaining to my identity, diagnosis, prognosis, or treatment from any Army record maintained in connection with
 alcohol or other drug abuse education, training, treatment, rehabilitatiton, 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/REVOCAION

(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
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SIGNATURE

USAG Carlisle Barracks Volunteer Job Description

JOB TITLE: CYS Services Head Coach/Assistant Coach

**Volunteering
CYS Sports & Fitness**

AGENCY: CYS Services

DATE :

1ST LINE SUPERVISOR: Dustin Rutz

2ND LINE SUPERVISOR: Alex Romanias

DEPARTMENT OF DEFENSE GUIDELINES FOR CONTRACTORS: Volunteers may not hold policy-making positions, supervise paid employees or military personnel, or perform inherently governmental functions, such as determining entitlements to benefits; authorized Volunteers may be used to assist and augment the regularly funded workforce, but may not be used to displace paid employees or in lieu of filling authorized paid personnel positions. Voluntary services may not be used to displace paid employees or in lieu of filling authorized paid personnel positions. Voluntary services may not be accepted in exchange for any personnel action affecting any paid employee or military member. Volunteers shall not perform duties that render them unusually susceptible to injury or to causing injury or to others. Volunteers are supervised by a paid employee (Civil Service or non-appropriated fund employee), a military member or volunteer who is so supervised. When required, volunteers must be licensed, privileged, appropriately credentialed or be otherwise qualified under applicable law, regulations, or policy to provide the voluntary services involved.

Job Duties: Maintain a positive and fun environment that encourages participation and safe enjoyment of the sport. Organizes practices that are fun and challenging, and uses coaching techniques appropriate for each of the skills being taught as well as the age group being coached. Demonstrates fair play, respect and sportsmanship to all players, officials, parents and staff at all times. Places the emotional and physical well being of the players ahead of a personal desire to win. Provide a sports environment that is free of drugs, tobacco, and alcohol. Reports violations directly to officials, CYS Staff or parents.

SKILLS REQUIRED: For each Sport, be knowledgeable in the rules and their application.

IMPORTANT – READ BEFORE SIGNING!

BACKGROUND CHECK REQUIRED: Disclosure is voluntary; however, failure to provide requested information may result in denial of your request to be a Volunteer. The information will be used primarily by CYS Services to determine your eligibility to serve in the requested Volunteer position as authorized by PL93-247, Child Abuse Prevention and Treatment Act of 1974, DoD Directives 6400.1, 6400.2, and 6400.3. Background inquiries are requested from but not limited to the following agencies: Alcohol Substance & Abuse Program (ASAP), Family Advocacy, USA Criminal Investigation Command (USACIDC), local law enforcement to include military police (MP), Behavioral Health and two reference checks. All background requests, except USACIDC check, must be finished before an individual may coach. **By signing this form, the volunteer applicant acknowledges that all checks must be initiated and completed before any volunteer coach can start working with the team.**

Required Training: NYSCA Coaches' certification clinic, Program-specific Volunteer Orientation

TIME REQUIRED: INITIAL TRAINING: 2-4 hours. Weekly coaching work load: 1-4 hours

USE OF VEHICLE REQUIRED: **NO**

Specific duties performed while using vehicle: **NO**

**The use of a government owned vehicle is strictly prohibited unless specifically authorized.*

Coach's Printed Name

Signature

Date

CYS S&F POC Signature

Date