

Dear Prospective Volunteer,

Thank you for your interest in volunteering with Child, Youth and School Services (CYS) and specifically the Youth Sports and Fitness Program (YSF). We look forward to you joining our team and believe it will be a satisfying experience developing our youth.

Sincerely,

Youth Sports and Fitness Staff

Volunteer Packet Instructions:

1. **Provide a copy of Birth Certificate (Proof of US citizenship)**
2. Fill out the following forms completely:
 - a. **Volunteer Application**
 - b. **Volunteer Position Description**
 - c. **DD Form 3444-2 Supplemental A-Employment Application Form**
 - d. **DA Form 2981 Basic Criminal History and Statement of Admission Form (Fill out blocks 1,2,3,4,5,6,7a,7b,&10a)**
 - e. **DA Form 5018-R ADAPCP Client's Consent Statement for Release of Treatment Information Form**
3. You will be required to submit a copy of their current immunizations to include: Covid 19 shot, annual influenza, Tdap, MMR and Varicella (Chickenpox).
4. Return all completed forms to the YOUTH SPORTS AND INSTRUCTIONAL PROGRAMS OFFICE, located at Bldg.1056, 7110 McIver Street. Or scan and email to dorrie.c.wagner.naf@army.mil.

If you have any questions feel free to reach us at 706-545-0522.

5. Training will be provided to you via PDF with instructions for completion.



CYS Youth Sports & Fitness Volunteer Coach Application



AUTHORITY: Title 10, United States Code, Section 3012

PRINCIPLE PURPOSE: To provide background clearance information regarding prospective Sports & Fitness Coaches to CYS personnel for use in coaching Youth Sports. ROUTINE

PROCESSES: Names and social security numbers are provided to Military Police, Social Works Services, Family Advocacy Case Management Team, Alcohol and Drug Abuse Preventive Control Division to determine if any pertinent information is on file with those agencies, which would disqualify the applicant from becoming a coach. No information is disclosed outside DOD.

DISCLOSURE: Disclosure of information is voluntary; however, if information is not provided, coaching will be denied.

Name: _____

Primary Phone: _____

Mailing Address: _____

Email Address: _____

(Our primary form of correspondence with you)

Please check box of sport & indicated age you would like to coach

Sport	Age Group	Sport	Age Group
Baseball (Reg, 9+)		Football (Flag)	6-8 only
Baseball (Coach Pitch)	6-8 only	Soccer	
Baseball (T-Ball)	4-5 only	Swimming	
Basketball (6+)		Track & Field	
Cheerleading (6+)		Wrestling	
Football (Tackle, 9+)		Other:	

If you plan on coaching your child team please list their name & age below:

1 _____

2 _____

3 _____

TRAINING: as a CYS Coach, you will be required to attend our National Alliance for Youth Sports (NAYS) training course. The training course will be held prior to the start of the sports season in which you are applying for. Other training may be required and will be announced prior to the season.

RESPONSIBILITIES: as a CYS Coach you will have four (4) primary responsibilities:

1. To make all athletes sports experience enjoyable
2. To develop all the athletes physical, psychological and social skills to the best of your ability
3. To provide a safe environment in which the athletes participate
4. To keep open, honest and consistent communication with parents and the CYS Youth Sports & Fitness Office

ATHLETES FIRST, WINNING SECOND: as a CYS Coach, you agree to put your players first and winning second. That you will teach the fundamentals of the sport and the values of good sportsmanship and fair play. That you are the bridge between your players and whether they will continue to participate in sports.

CHARACTER REFERENCES: Please provide the name and phone number of two personal character references. This is a requirement from the Department of the Army for background clearance for any individual volunteering with children.

1 _____

2 _____

By signing this document you acknowledge and agree that all the information provided is true and accurate on your behalf.

Signature

Date

**IMCOM-HQ CYS SERVICES VOLUNTEER SPORTS AND FITNESS COACH JOB
DESCRIPTION - Page 1**



U.S. Army Child, Youth
& School Services

Organization: IMCOM-HQ, Child, Youth and School (CYS) Services Sports and Fitness (SF)

Position Title: CYS Services Sports and Fitness Volunteer Coach

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 time 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 Statement of Understanding) and abide by the CYS Services SF philosophy.

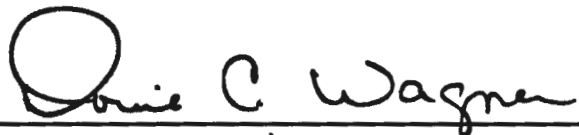
Time Required: Practices are generally held during the period:
Monday – Friday 1700 – 2000
Note: Practices must be conducted IAW CYS Services guidance.

Game are generally held Saturday: 0800-1700
Note: Average – one game per week; times vary.

**IMCOM-HQ CYS SERVICES VOLUNTEER SPORTS AND FITNESS COACH JOB
DESCRIPTION – Page 2**

- 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.
- Training:** National Youth Sports Coaches Association (NYSCA) Child Abuse Reporting, Prevention, Identification and Recognition, Developmentally Appropriate Practices, First Aid/CPR Orientation and 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
- 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

SUPPLEMENTAL-A EMPLOYMENT APPLICATION FORM FOR CHILD-YOUTH SERVICES POSITIONS

For use of this form, see AR 215-3; the proponent agency is DCS, G1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Public Law 101-64.

PRINCIPAL PURPOSE: To determine your eligibility for service in a child care services position.

ROUTINE USES: We must have your social security number (SSN) to keep your records straight because other people may have the same name and birth date. The SSN has been used to keep records since 1943, when Executive Order 9397 asked agencies to do so. We may also use your SSN to make requests for information about you from employers, schools, banks, and other who know you, but only where allowed by law. The information we collect by using your SSN will be used for employment purposes, and also for studies and statistics that will not identify you. We may give information from your records to appropriated federal agencies such as the Department of Labor and the Equal Employment Opportunity Commission, to resolve and/or adjudicate matters falling within their jurisdiction. Records may also be disclosed to labor organizations in response to requests for names of employees and identifying information. Information we have about you may also be given to federal, state, and local agencies for checking on law violations or other lawful purposes.

DISCLOSURE: Your responses to the collection of this information are voluntary, but we cannot determine your eligibility, which is the first step toward getting the job, if you do not answer these questions.

1. NAME	2a. SSN	3. JOB ANNOUNCEMENT/TITLE	
4. ADDRESS	2b. DOB (YYYYMMDD)		
	5. WORK PHONE	6. HOME PHONE	
7. FAX TELEPHONE NUMBER	8. E-MAIL ADDRESS		

9. HAVE YOU EVER BEEN ARRESTED FOR OR CHARGED WITH A SEX CRIME, A CRIME INVOLVING A CHILD, A SUBSTANCE ABUSE FELONY OR A VIOLENT CRIME? HAVE YOU EVER BEEN ASKED TO RESIGN BECAUSE OF OR BEEN DECERTIFIED FOR A SEXUAL OFFENSE? If so, provide an description of the case disposition.

YES NO

Note: A false statement rendered by an employee may result in adverse action up to and including removal. Under 18 U.S. Code 1001, the federal punishment for perjury is fine or imprisonment for up to 5 years, or both.

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.

10. SIGNATURE	11. DATE (YYYYMMDD)
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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 552a(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		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 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	OTHER: <input type="checkbox"/> Yes <input 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)

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)

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/REVOICATION

(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 <i>(Type or print)</i>	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 <i>(Type or print)</i>	DATE
SIGNATURE	