Fort	Senning Field Day for Tri-Community Exceptional Children	
CHILD': YOUTH I ERVICES	Volunteer Application	n (MWF
PROCESSES: Names and social security num Preventive Control Division to determine if	ection 3012 Id clearance information regarding prospective Sports & Fitness Coaches to CYS personnel Ibers are provided to Military Police, Social Works Services, Family Advocacy Case Manage any pertinent information is on file with those agencies, which would disqualify the applic osure of information is voluntary; however, if information is not provided, coaching will be	ement Team, Alcohol and Drug Abuse ant from becoming a coach. No information is
Name:		
Primary Phone:		
Mailing Address:		
Unit/Organization:		
Email Address:		
	(Our primary form of correspondence with you)	
SHIRT SIZE:		
SHIKT SIZE.		
Please check the box below		
One on One Volunteer	Event Volunteer	
You will be assigned to and area:		
Ū		
By signing this document you a	cknowledge and agree that all the information provided is true a	nd accurate on your behalf.
	Signature	Date
	Signature	Date
Parent Signature for Minors (18	3 and under)	
POC: Dorrie Wagner at 706 E4	Signature 5-1853 or dorrie.c.wagner.naf@mail.mil	Date