

# Welcome to USAG Humphreys



Thank you for your interest in coaching with Youth Sports!

**Volunteer Name:** \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_

Cell # \_\_\_\_\_

Relationship \_\_\_\_\_

Preferable Practice days : MW or TTh

If you have coached before what is the approximate month & year of your last background check

Month \_\_\_\_\_ Installation: \_\_\_\_\_

First Aid+CPR & AED Certified: Yes or No

T-shirt size (American) S M L XL XXL XXXL Other: \_\_\_\_\_

Paperwork Checklist: (Fill out all the highlighted areas to complete your coach's application)

- Documentation of immunizations for: Annual Influenza, HEP B, Tdap, MMR and Varicella (Chickenpox) & Covid-19.
- One form to verify your citizenship/legal status**  
US birth certificate, US passport (current or expired), DS1350/FS545 Certificate of report of birth abroad, FS240 Report of birth abroad of a citizen of the US, N550/5511/570 naturalization certificate, N560/561 certificate of US citizenship, I321 Permit to reenter the US, I551 permanent resident or permanent alien card, I571 refugee travel document, I766 Employment authorization card, I94 Arrival/departure record & visa
- Coach Application
- DD Form 2793 (All highlighted areas)
- IMCOM  
Release/Consent Statement
- DA Form 5018 (Complete section A, Sign and Date Section B)
- DD Form 2981

Once you have completed the checklist please email to

YSF Group Mailbox  
usarmy.humphreys.imcom.mbx.fmwr-youth-sports-fitness@army.mil  
or return to parent Central office, Bldg. 6400, L207 second floor

Youth Sports Office: 757-2244 or 0503-357-2244

Mon, Tues, Wed, Fri 0800-1700 & Thur 1200-1700

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



- Organization:** IMCOM-HQ, Child, Youth and School (CYS) Services Sports and Fitness (SF)
- Position Title:** CYS Services 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 Services requirements. Be present at scheduled practices and games at least fifteen minutes before the scheduled starting time. Inform CYS Services SF staff members regarding changes, concerns and issues. Keep players and parents informed about all practice and/or games times and any changes. Maintain a focus on sports skill development, recreation, maximum participation of players, and leisure activities. Maintain CYS Services property, role model appropriate behavior (e.g., Army Values, CYS Services 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  
  
Games are generally held Saturday: 0800-1700  
Note: Average – one game per week; times vary.
- Benefits:** Program is designed to promote positive attitudes and reinforce CYS Services SF philosophy and Army core values to offer children and youth opportunities to feel competent and instill values associated with the pursuit of skills in sports, fitness, nutrition and recreational activities.

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

- Training:** National Youth Sports Coaches Association (NYSCA)  
Child Abuse Reporting, Prevention, Identification and Recognition  
Developmentally Appropriate Practices  
First Aid / CPR Orientation  
Concussion Training
- Orientation:** CYS Services Sports and Fitness Certification Clinic  
Parents Association for Youth Sports (PAYs) Orientation  
Parent Meeting specific to sport meeting being coached
- Qualifications:** Background/clearance check IAW CYS Services guidance
- Supervisor:** CYS Services Sports and Fitness Director
- Assessment:** CYS Services SF Volunteer Coaches will receive feedback through the CYS  
Services SF Director.  
Must be available approximately 4-8 hours per week

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CYS Youth Sports and Fitness Supervisor Signature & Date

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CYS Youth Sports and Fitness Volunteer/ Coach Signature & Date



# USAG HUMPHREYS CHILD & YOUTH SERVICES Volunteer Application



I would like to volunteer for the following Organization: \_\_\_\_\_

[Please Print]

Name: \_\_\_\_\_ Maiden Name/Alias \_\_\_\_\_ Status (AD,FM,CIV,RET) \_\_\_\_\_

Sponsor Rank/Grade: \_\_\_\_\_ Sponsor Unit/Organization: \_\_\_\_\_ DEROS: \_\_\_\_\_

DOB: \_\_\_\_\_ Place of Birth (City/State/Country: \_\_\_\_\_ Are you a minor? YES NO

Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

As of July 2013, the regulation requires a minimum of three Character Reference Checks be completed and maintained as part of the volunteer file. Additional references/information may be required for specific positions involving regular contact with children.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever been convicted of any felony or misdemeanor criminal offense? YES NO

Are you currently under investigation, indictment, awaiting trial, verdict or sentencing any criminal proceeding? YES NO

Do you have any criminal arrest or citation, which has yet to be adjudicated? YES NO

Are you a fugitive from justice? YES NO

Are you presently on parole or probation? YES NO

Have you ever been arrested or charged with an offense involving a child, a sex crime or a drug/alcohol related violation?  
YES NO

AUTHORITY: 10 US CODE 3012  
PRINCIPAL PURPOSE: To obtain data for Military Police Record, US Criminal Records Check (CRC), Defense Central Index of Investigations (DCII) Registry Review, Central Registry Check for spouse and child abuse and local Community Counseling Check for drug/alcohol abuse to determine suitability for acceptance of employment or volunteering.  
ROUTINE USES: Information will be used by the program coordinator/manager and personnel from the Criminal Investigative Detachment, Social Work Service and the Army Family Advocacy Program.  
DISCLOSURE: VOLUNTARY Failure to disclose required information may prevent employment or acceptance as a volunteer.

Check Child & Youth Services (CYS) Program of Interest:

- |                       |                              |                            |
|-----------------------|------------------------------|----------------------------|
| Youth Sport & Fitness | SKIES Instructional Programs | Child Development Center   |
| School-Age Center     | Middle-School/Teen Center    | Parent & Outreach Services |
| Homeschool Co-Op      |                              |                            |



# USAG HUMPHREYS CHILD & YOUTH SERVICES Volunteer Application



### Youth Sports and Fitness (S&F) Programs:

Position: Head Coach      Assistant Coach      General Volunteer

Interested in becoming sports referee/official/umpire? YES      NO

How many years have you coached? \_\_\_\_ Where have you coached and what sports? \_\_\_\_\_

Check all applicable sports you are willing to coach. Write in "Other" if you have an age preference.

Basketball 3-15yrs

Baseball 3-15yrs

Soccer 3-15yrs

Flag Football 3-14yrs

Softball 9-15yrs

Volleyball 11-15yrs

Swimming 5-18yrs

Cheerleading 9-15yrs

Running Club 5-18yrs

Other: \_\_\_\_\_

Are you planning to coach your child? YES      NO

***\*\*Please note that your child is not automatically registered because you are coaching\*\****

Child's First and Last Name: \_\_\_\_\_ Age \_\_\_\_\_

**OTHER PROGRAMS not listed above:** \_\_\_\_\_

My signature below indicates that I have provided accurate and truthful information in order to volunteer on USAG-Humphreys and within Area III. Additional documentation may be required by specific programs based on volunteer position. I understand if I must have a background check as a condition of volunteering with children and that this helps ensure the safety of children. Derogatory background checks will be evaluated by a Review Board and the Chain of Command and could result in the non-acceptance or dismissal as a volunteer. I understand that I have a right to obtain a copy of the background check report and to challenge the accuracy of any information contained in the report.

\_\_\_\_\_ Initials

Signature: \_\_\_\_\_ SSN: \_\_\_\_\_ Date: \_\_\_\_\_

(\*If background check is required.)



# USAG-HUMPHREYS

## Coach FAQs



1. Will my child be assigned to my team if I coach them?
  - a. Yes. If your child participates, they will be assigned to your team, unless otherwise requested.
2. What is the season format?
  - a. There will be 7 weeks of practice, and 6 games for the season.
3. When are the practices?
  - a. Start Smart and 5-6 division.
    - i. Practices are always 1720.
  - b. 7-8 division practice once or twice a week for 1 hour depending on space availability and sports season.
    - i. Practice time will be 1720 or 1830 depending on coach availability.
  - c. 9-10, 11-12, 13+ divisions  
Mon-Thurs, 1720, 1830, 1940. The youngest groups practice first.
4. When are the games?
  - a. Start Smart has no games. Start Smart Cheer will cheer at the last game of the season.
  - b. 5+ divisions are scheduled to have games on Saturday. Weekday games will be held in lieu of Saturdays on holiday weekends. Friday games may occur this season.
  - c. The game schedule will be provided to coaches during the first week of practice and coaches will send them out to their team.
5. Are there away games scheduled?
  - a. 9-10 divisions may have away games at Osan.
  - b. 11-12 & 13+ divisions teams may have games scheduled at Osan and/or Daegu. Depending on the number of teams in each age group at the other installations, there may be teams that do not have away games.
6. How are games and practices scheduled if I am coaching multiple teams?
  - a. Coaches with multiple teams should have no overlaps for their games.
  - b. Practices will be placed back-to-back.
  - c. YSF strives for coaches to be available for all practices and games.
7. What is my Coach Discount and when will it be applied?
  - a. Head Coaches- All children playing that season.
  - b. Assistant Coaches- Only the child you're coaching.
  - c. At the point of the season is when discounts will be processed.
  - d. If equipment is issued, coaches will not receive their discount until all equipment is returned. All items will have a price that will be deducted from your refund if needed.
8. How will I know if a practice or game is cancelled? Are canceled practices or games made up?
  - a. If a practice or game is canceled, you will be alerted from YSF personnel at least an hour before your scheduled practice or game is scheduled.
  - b. We do our best to reschedule canceled games; however, rescheduling is dependent on the facility availability.
9. Who should I notify if I cannot attend a practice or game?
  - a. Most teams should have two coaches. If both coaches will not be available, please notify YSF via the YSF work phone.
  - b. As long as one coach is available, Youth Sports does not need to be informed.
  - c. Best line of contact is the YSF cellphone 010-2982-5051.
10. Who is my primary contact for coach information?
  - a. Sports Specialist, Dalton Davidson [Dalton.d.davidson.naf@army.mil](mailto:Dalton.d.davidson.naf@army.mil)

X

Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

**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**

<b>1. NAME OF VOLUNTEER</b> (Last, First, Middle Initial)	<b>2. NAME OF PARENT/GUARDIAN</b> (If volunteer is under age 18) (Last, First Middle Initial)	<b>3. VOLUNTEER IS</b> (Select one) <input type="checkbox"/> AGE 18 OR OVER <input type="checkbox"/> UNDER AGE 18
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<b>4. TELEPHONE NUMBER</b> (Include Area Code)	<b>5. E-MAIL ADDRESS</b>
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**PART II - VOLUNTEER ASSIGNMENT (to be completed by Accepting Official)**

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

<b>a. SIGNATURE OF VOLUNTEER</b>	<b>b. SIGNATURE OF PARENT/GUARDIAN</b> (if volunteer is under age 18)	<b>c. DATE SIGNED (YYYYMMDD)</b>
<b>13.a. NAME OF ACCEPTING OFFICIAL</b> (Last, First, Middle Initial)	<b>b. SIGNATURE</b>	<b>c. DATE SIGNED (YYYYMMDD)</b>

**PART IV - TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR AND SIGNED BY VOLUNTEER**

<b>14. AMOUNT OF VOLUNTEER TIME DONATED</b>	<b>a. YEARS.</b> (2,087 hours = 1 year)	<b>b. WEEKS</b>	<b>c. DAYS</b>	<b>d. HOURS</b>	<b>15. SERVICE END DATE (YYYYMMDD)</b>
<b>16.a. VOLUNTEER SIGNATURE</b>	<b>b. PARENT/GUARDIAN SIGNATURE</b> (if volunteer is under age 18)	<b>17.a. NAME OF SUPERVISOR</b> (Last, First, Middle Initial)	<b>b. SUPERVISOR'S SIGNATURE</b>	<b>c. DATE SIGNED (YYYYMMDD)</b>	

**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\_\_\_\_,   
 (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 (Type or print)	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 (Type or print)	
SIGNATURE	DATE

**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, (NDA 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://dpcid.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.

<b>1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements.)</b>	<b>2. OTHER NAME(S) USED</b>
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<b>3. DATE OF BIRTH (YYYYMMDD)</b>	<b>4. INSTALLATION/PROGRAM NAME</b> USAG HUMphreys/ Youth Sports & Fitness	<b>5. DATE OF HIRE (YYYYMMDD)</b>
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**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.**

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

<b>a. SIGNATURE</b>	<b>b. DATE (YYYYMMDD)</b>
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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.**

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

**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.

<b>a. SIGNATURE</b>	<b>b. DATE SIGNED (YYYYMMDD)</b>
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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.

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