

**WELCOME TO USAG HUMPHREYS**  
**YOUTH SPORTS & FITNESS**



Thank you for your interest in coaching with Youth Sports.

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

**PAPERWORK CHECKLIST:** Fill out all the highlighted areas to complete your coach's application.

\_\_\_\_\_ Coach Application

\_\_\_\_\_ IMCOM FORM 23

\_\_\_\_\_ DA 3433-2

\_\_\_\_\_ IMCOM 24

\_\_\_\_\_ DD FORM 4162

\_\_\_\_\_ DD Form 2793

Once you have completed the checklist, return this application to the Youth Sports office or email it to [raina.b.goodlow.naf@mail.mil](mailto:raina.b.goodlow.naf@mail.mil).

Youth Sports Director: Raina Goodlow

DSN: 753-5612

Youth Sports Office: Building 1127

Hours: Tuesday-Friday 1100-1700

## USAG HUMPHREYS YOUTH SPORTS & FITNESS

### Coach Application

(Please Print)

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Box \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Work Email: \_\_\_\_\_ Home Email: \_\_\_\_\_  
 Duty#: \_\_\_\_\_ Home: \_\_\_\_\_ Cell#: \_\_\_\_\_ DERO: \_\_\_\_\_

Please Check: Head Coach \_\_\_\_\_ Assistant \_\_\_\_\_ with \_\_\_\_\_

**Check the applicable sport you wish to coach. Prioritize which age group you wish to coach if choosing more than one sport:**

- |                  |   |              |              |               |                |                |
|------------------|---|--------------|--------------|---------------|----------------|----------------|
| 1. Basketball    | 3-5yrs Dev. Clinics _____                   | 5-6yrs _____ | 7-8yrs _____ | 9-10yrs _____ | 11-12yrs _____ | 13-15yrs _____ |
| 2. Baseball      | 3-5yrs Dev. Clinics _____                   | 5-6yrs _____ | 7-8yrs _____ | 9-10yrs _____ | 11-12yrs _____ | 13-15yrs _____ |
| 3. Soccer        | 3-5yrs Dev. Clinics _____                   | 5-6yrs _____ | 7-8yrs _____ | 9-10yrs _____ | 11-12yrs _____ | 13-15yrs _____ |
| 4. Flag Football | _____                                       |              |              |               |                |                |
| 5. Softball      | _____                                       |              |              |               |                |                |
| 6. Swimming      | 5-18yrs _____                               |              |              |               |                |                |
| 7. Cheerleading  | 4-7yrs _____ 8-10 yrs _____ 11-15 yrs _____ |              |              |               |                |                |
| 8. Other         | _____                                       |              |              |               |                |                |

**Are you planning to coach your child?** Y / N \_\_\_\_\_

(If planning to coach your child, please provide the child's name and age.)

Child's first and last name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Describe your knowledge in the sport(s) you desire to coach: \_\_\_\_\_

#### References:

(1.) Name: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_  
 (2.) Name: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

The final selection of coaches is determined by experience, previous history with youth sports and availability of positions. In accepting a volunteer position in the Youth Sports program, you agree to abide by the policies set forth by Child, Youth and School Services and understand a background check for child and drug abuse is required. Background check form is attached; please fill out completely.

#### Criminal Disclosure

- a) Have you ever been convicted of any felony or misdemeanor criminal offense? Y / N \_\_\_\_\_  
 b) Are you currently under investigation, indictment, awaiting trial, verdict or sentencing in any criminal proceeding? Y / N \_\_\_\_\_  
 c) Do you have any criminal arrest or citation, which has yet to be adjudicated? Y / N \_\_\_\_\_  
 d) Are you a fugitive from justice? Y / N \_\_\_\_\_  
 e) Are you presently on parole or probation? Y / N \_\_\_\_\_  
 f) Have you ever been convicted of child abuse? Y / N \_\_\_\_\_

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

## INSTALLATION MANAGEMENT COMMAND (IMCOM) BACKGROUND CHECK 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:** 42 USC 12041 and 10 USC 2632, Public Law 101-647, Section 231 (Crime Control Act of 1990), DODI 1402.05 (Background Checks on Individuals in 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 0080.02 (Child Development Programs (CDPs), 5 Aug 2014), DODI 0080.04 (DoD Youth Programs (YPs), 23 Aug 2004), DoDI 1100.21, Voluntary Services in the Department of Defense, DODI 1400.26, Volume 731 DoD Civilian Personnel Management System: Suitability and Fitness Adjudication For Civilian Employees, August 24, 2012, DoD Instruction 1400.26, Subchapter 1403 (DoD Civilian Personnel Manual: Employment), December 1 1990, Incorporating Change 5, March 26, 2000, DoD Instruction 1400.25, Volume 1231 DoD Civilian Personnel Management System: Employment of Foreign Nationals, and E.O. 9367 (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 "Standard Routine Users" set forth at the beginning of the Army's compilation of systems of records relates also apply to this system. Users can be found online at: <http://dodid.defense.gov/Privacy/SOP00000000/> [Imcom@imcom.army](mailto:Imcom@imcom.army)

**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.

1. I understand that Army Directive 2014-23 and IMCOM policy requires the record screening outlined in paragraph 2 below, and that without favorable completion of these checks, I may not be allowed to work or volunteer in child services positions supporting Army programs and activities.

2. The following background checks are required: Army Law Enforcement (to include Army Law Enforcement Reporting and Tracking System, Army Crime Records Center and Defense Central Investigation Index), Medical Treatment Facility Army Central Registry, Army Substance Abuse Program, FBI Fingerprint check and any other records as appropriate and to the extent permitted by law (e.g. other military service criminal records, other service child abuse registries, sex offender registries, state child abuse registry, etc.). The following are also required as applicable to the personnel category, National Agency Check with Inquiries (or higher level investigation) and State Criminal History Repository.

3. I further understand that the purpose of these background checks is to identify anyone applying for child services positions that have instances of reported misconduct involving children, assaultive behavior, substance abuse, larceny, or other misconduct which would be inconsistent with working or volunteering within child services positions.

4. I agree that IMCOM may initiate these checks, receive the resulting information, and conduct periodic re-verifications so that I may work or volunteer in child services positions. Periodic re-verification checks are required in 1/35 year cycles based on personnel category IAW Army policy. Re-verifications may also be required to authenticate issues that surface during a person's employment/service.

### APPLICANT'S INFORMATION

Applicant's Full Name (Last, First, Middle Name)

Social Security Number (SSN)

Maiden Name

Any Other Names Used by Applicant

Applicant's Date of Birth: (MM/DD/YYYY)

Applicant's Place of Birth (City, State, Country)

Applicant's Current Address (Street, City, State, County)

### DOD AFFILIATION DISCLOSURE

1. Do you have a current or previous DoD affiliation: (i.e. Have you lived or worked on a DoD installation or had a prior or current association, relationship, or involvement with the DoD or any elements of DoD including the Military Departments) (If yes, indicate service and approximate dates)

☐ US Army

☐ US Air Force

☐ US Navy

☐ US Marines

☐ Other DoD Agency

From and To dates:

From and To dates:

From and To dates:

From and To dates:

From and To dates:

☐ I have never previously been affiliated with the U.S. Military and/or DoD (e.g. Never lived or worked on a DoD installation or had prior or current association, relationships, or involvement with DoD or any elements of DoD, including the Military Departments)

2. If you have ever had a Military or Civilian sponsor (other than yourself) provide the sponsor's name, Social Security Number and check which branches of the service your sponsor has worked for as an active duty member or Civilian (not applicable for non DoD affiliation)

Name of Sponsor (other than yourself), provide the sponsor's name

Sponsor's Social Security Number

☐ US Army

☐ US Air Force

☐ US Navy

☐ US Marines

☐ Other DoD Agency

### SIGNATURES

Applicant (non minor) Signature

Date Applicant signed

If the applicant is a minor, a Parent or Legal Guardian must grant permission below for the background check(s). The Parent or Legal Guardian is certifying they understand the purposes of these pre-employment/volunteer checks and hereby provide consent for the background check(s).

Parent or Legal Guardian's Relationship to Minor, Printed Name and Signature:

Date Parent or Legal Guardian signed:

**Note: A false statement rendered by an applicant 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.**



# INSTALLATION MANAGEMENT COMMAND (IMCOM) INSTALLATION RECORD CHECK (IRC) BACKGROUND CHECK REQUEST

This background check is being requested IAW Army Directive 2014-23 and DODI 1402.05, proponent is G9

## PRIVACY ACT STATEMENT

**AUTHORITY:** 42 USC 13041 and 10 USC 3013, Public Law 101-647, Section 231 (Crime Control Act of 1990); DODI 1402.05 (Background Checks on Individuals in 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 6000.02 (Child Development Programs (CDPs), 5 Aug 2014), 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, August 24, 2012, DoD Instruction 1400.25, Subchapter 1403 (DoD Civilian Personnel Manual: Employment), December 1 1998, Incorporating Change 5, March 25, 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. Uses can be found online at: <http://dodid.defense.gov/Privacy/SORN/index.html#BlanketRoutineUsers.aspx>

**DISCLOSURES:** The individual has consented to the release of this information and a signed copy of the release is on file and available upon request.

## SECTION I - CDE USE ONLY

|                                       |   |  |   |
|---------------------------------------|---|--|---|
| <b>Installation:</b><br>USAG-HUMPREYS | <b>CDE POC Name:</b><br>M. David Kauffman<br>mdk.kauffman.cde@mail.mil<br>DSN: 753-6843 | <b>POC Contact Information:</b><br>Youth Sports Director- Raina Goodlow<br>raina.b.goodlow.na@mail.mil<br>DSN-753-5612 | <b>Date of Request: (MM/DD/YYYY)</b><br><div style="border: 1px solid black; height: 30px; width: 100%;"></div> |
|---------------------------------------|---|--|---|

## SECTION II - SUBJECT INFORMATION

|  |  |  |
|--|--|--|
| <b>Subject Last Name:</b>                                  | <b>Subject First Name:</b>                                 | <b>Subject Middle Name:</b>                                |
| <div style="border: 1px solid black; height: 20px;"></div> | <div style="border: 1px solid black; height: 20px;"></div> | <div style="border: 1px solid black; height: 20px;"></div> |
| <b>Alias/Maiden Name: (1)</b>                              | <b>Alias/Maiden Name: (2)</b>                              | <b>Alias/Maiden Name: (3)</b>                              |
| <div style="border: 1px solid black; height: 20px;"></div> | <div style="border: 1px solid black; height: 20px;"></div> | <div style="border: 1px solid black; height: 20px;"></div> |
| <b>Social Security Number: (no dashes)</b>                 | <b>Date of Birth: (MM/DD/YYYY)</b>                         | <b>Place of Birth: (City, State, Country)</b>              |
| <div style="border: 1px solid black; height: 20px;"></div> | <div style="border: 1px solid black; height: 20px;"></div> | <div style="border: 1px solid black; height: 20px;"></div> |

**Current Address: (Street, City, State, County)**

## SUMMARY OF INFORMATION - Fill out below or attach report with same information.

| Offense/Issue | Date | Location | Disposition | Summary |
|---------------|------|----------|-------------|---------|
|               |      |          |             |         |
|               |      |          |             |         |
|               |      |          |             |         |

**Results should be returned to the CDE POC via encrypted e-mail or SAFE within 5 days or 15 days for Army Law Enforcement.**

## SECTION III - FOR AGENCY USE ONLY

|   |   |  |
|---|---|--|
| <b>Army Law Enforcement</b><br><input type="checkbox"/> * ALERTS<br><input type="checkbox"/> * Army Crime Records Center<br><input type="checkbox"/> * DCII | <b>ASAP</b><br><input type="checkbox"/> * DAMS Database | <b>MTF/ACR</b><br><input type="checkbox"/> * FASOR |
|---|---|--|

I verify checks have been completed from systems listed above, the information is accurate based on the data on record and can only be used for official purposes.

Is there derogatory information on file?

☐ Yes      ☐ No

If you marked yes to the above question, please provide the following information as a separate attachment: Offense(s)/Derogatory Finding(s), Date(s), Location(s), Disposition(s) and any narrative(s)

**Name: (Last, First, MI)**

**Signature Field**

**Grade/Rank:**

**Position/Title:**

**Date: (MM/DD/YYYY)**

# INSTALLATION MANAGEMENT COMMAND

## BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION - CHILD SERVICES POSITIONS

This Self-Admission is being requested IAW Army Directive 2014-23 and DODI 1402.05, proponent is G9

### PRIVACY ACT STATEMENT

**AUTHORITY:** 42 USC 13041 and 10 USC 3013, Public Law 101-647, Section 231 (Crime Control Act of 1990); DODI 1402.05 (Background Checks on Individuals in 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, August 24, 2012; DODI 1400.25, Subchapter 1403 (DoD Civilian Personnel Manual: Employment), December 1 1996, Incorporating Change 5, March 25, 2000; DODI 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. This form meets the initial pre-screening requirement and ongoing self-reporting requirements of the SA Directive 2014-23 and DODI 1402.05 for all child services positions and is used in lieu of the DD 2981.

**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. Uses can be found online at: <http://dpcld.defense.gov/Privacy/SORNIndex/blanketRoutineUses.aspx>.

**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.

|  |  |
|--|--|
| <b>1. Name: (Last, First and Middle Name-Do not use initials or abridgements)</b><br><div style="border: 1px solid black; height: 30px; width: 100%;"></div> | <b>2. Other Name(s) Used:</b><br><div style="border: 1px solid black; height: 30px; width: 100%;"></div>                     |
| <b>3. Installation/Program Name</b><br><div style="border: 1px solid black; height: 30px; width: 100%;"></div>   | <b>4. Date of Hire (to be filled out by FMgr)</b><br><div style="border: 1px solid black; height: 30px; width: 100%;"></div> |

### INITIAL CERTIFICATION

**5. STATEMENT OF ADMISSION** Use your initials to mark yes or no for each category. Include all offenses, even if they were dismissed. If you answer "yes", explain your answer in block 6.

**Initial**  
**YES NO**

|   |  |                          |                          |
|---|--|--------------------------|--------------------------|
| <b>a. Have you ever been arrested, apprehended, charged, convicted or had any other disposition of criminal charges (e.g., proceedings under the UCMJ (courts-martial or Article 15 non-judicial punishment)) by any Federal, State or other Law enforcement authorities for any violation of any Federal law, Military law, State law, County or Municipal law, Regulation or Ordinance? Do you have any pending criminal charges against you or are in a diversion program? (If you are 18 and above, do not include anything that happened before your 18th birthday. Leave out traffic fines of less than \$300.)</b> | <b>(1) Involving a Child (under age 18)</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>(2) Sex Crime</b>  | <input type="checkbox"/>   | <input type="checkbox"/> |                          |
| <b>(3) Drug/Alcohol</b>   | <input type="checkbox"/>   | <input type="checkbox"/> |                          |
| <b>(4) Domestic Violence</b>  | <input type="checkbox"/>   | <input type="checkbox"/> |                          |
| <b>(5) Violent Crime/Assaultive Behavior</b>  | <input type="checkbox"/>   | <input type="checkbox"/> |                          |
| <b>(6) Other</b>  | <input type="checkbox"/>   | <input type="checkbox"/> |                          |
| <b>b. Have you ever been the subject of a substantiated child abuse/neglect case or are you currently the subject of an allegation of abuse/neglect?</b>  | <input type="checkbox"/>   |                          |                          |
| <b>c. For FCC/HOPS/Foster Care Providers: Have any of the individuals residing in your home ever been arrested, apprehended, charged or convicted for any of the offenses listed above?</b>   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">N/A</div> |                          |                          |

| 8. Month/Year | Offense | Action Taken/Disposition | Law Enforcement Authority or Court | State | Zip Code |
|---------------|---------|--------------------------|------------------------------------|-------|----------|
|               |         |                          |                                    |       |          |
|               |         |                          |                                    |       |          |
|               |         |                          |                                    |       |          |
|               |         |                          |                                    |       |          |
|               |         |                          |                                    |       |          |
|               |         |                          |                                    |       |          |

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

**7. Initial Certification** I certify the information provided above is accurate. I declare under penalty of perjury the statements made by me on this form are true, complete and correct.

**8. SELF REPORTING REQUIREMENT** In addition to this initial certification, I understand it is my responsibility to **immediately** inform my employer/supervisor if I am arrested, apprehended, charged or held for a crime or issue referenced in block 5 above.

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

|   |  |
|---|--|
| <b>Signature</b><br><div style="border: 1px solid black; height: 30px; width: 100%;"></div> | <b>Date</b><br><div style="border: 1px solid black; height: 30px; width: 100%;"></div> |
|---|--|

**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 \_\_\_\_\_  
(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, rehabilitation, or research to \_\_\_\_\_  
\_\_\_\_\_ for the purpose of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ namely,  
\_\_\_\_\_  
(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 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

SIGNATURE





| VOLUNTEER SERVICE RECORD   |   |
|--|---|
| For use of this form, see AR 608-1; the proponent agency is OACSIM   |   |
| <p><b>PRIVACY ACT STATEMENT</b></p> <p><b>AUTHORITY:</b> 5 USC Section 301, Department, Regulations; 10 USC Section 3013, Secretary of the Army; and the Army Regulation 608-1, Army Community Service Center</p> <p><b>PRINCIPAL PURPOSE:</b> To record essential background information on volunteers to assist in determining qualifications and task assignments, to maintain record of positions held, hours volunteered, training and awards received.</p> <p><b>ROUTINE USES:</b> None. The "Blanket Routine Uses" set forth at the beginning of the Army's Complications of System Records Notices apply to this system.</p> <p><b>DISCLOSURE:</b> Voluntary. However, failure to provide the requested information may exclude you from participating in the Army Community Service Volunteer Program.</p> <p><b>INSTRUCTIONS:</b> Upon resignation, retirement or transfer, the original of this record will be furnished for the personal file of the volunteer and a duplicate will be maintained at the organization for at least three years. In case of transfer, a duplicate record will be furnished to the gaining organization upon request of the volunteer.</p> |   |
| 1. NAME OF VOLUNTEER (Last, First, MI)   | 2. HOME ADDRESS (Street, City, ZIP Code)  |
| 3. EMAIL ADDRESS   |   |
| 4. TELEPHONE NUMBERS   | 5. SEX  |
| a. HOME  | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE   |
| b. WORK  | 6. DATE OF BIRTH (YYYYMMDD)   |
| c. FAX   |   |
| 7a. SPONSOR NAME   | 7b. SPONSOR UNIT ADDRESS  |
| <p>8. Mark all the demographic data that applies to the volunteer. Family members of service members who should indicate the branch of service and status of the sponsor.</p> <p><input type="checkbox"/> SERVICE MEMBER <input type="checkbox"/> ARMY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE</p> <p><input type="checkbox"/> CIVILIAN EMPLOYEE <input type="checkbox"/> OFFICER <input type="checkbox"/> ENLISTED</p> <p>(APF and NAF)</p> <p><input type="checkbox"/> ADULT FAMILY MEMBER <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> RETIRED</p> <p><input type="checkbox"/> YOUTH FAMILY MEMBER <input type="checkbox"/> RESERVE <input type="checkbox"/> GUARD</p> <p>(Under age 18 and unmarried)</p> <p><input type="checkbox"/> CIVILIAN (Not connected with the military) <input type="checkbox"/> DECEASED</p>   |   |
| 9. CHILDREN AT HOME  | 10. INITIAL COMMITMENT  |
| <input type="checkbox"/> NONE <input type="checkbox"/> PRESCHOOL <input type="checkbox"/> IN SCHOOL  | <input type="checkbox"/> ONE DAY EVENT <input type="checkbox"/> ONE MONTH EVENT <input type="checkbox"/> THREE MONTHS |
| 11. EDUCATION  | <input type="checkbox"/> SIX MONTHS <input type="checkbox"/> NINE MONTHS <input type="checkbox"/> OTHER               |
| <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE <input type="checkbox"/> ADVANCED DEGREE   |   |
| 12. WORK EXPERIENCE  |   |
| 13. VOLUNTEER EXPERIENCE   |   |

**14. SPECIAL SKILLS, INTERESTS, HOBBIES**

**15. POSITIONS HELD**

| START DATE<br>(YYYYMMDD) | TYPE OF POSITION | START DATE<br>(YYYYMMDD) |
|--------------------------|------------------|--------------------------|
|                          |                  |                          |
|                          |                  |                          |
|                          |                  |                          |
|                          |                  |                          |
|                          |                  |                          |
|                          |                  |                          |
|                          |                  |                          |

**16. AWARDS AND SPECIAL RECOGNITION**

| DATE<br>(YYYYMMDD) | TYPE OF AWARD/SPECIAL RECOGNITION | PRESENTED AT |
|--------------------|-----------------------------------|--------------|
|                    |                                   |              |
|                    |                                   |              |
|                    |                                   |              |
|                    |                                   |              |
|                    |                                   |              |
|                    |                                   |              |
|                    |                                   |              |
|                    |                                   |              |

**17. TRAINING**

| DATE<br>(YYYYMMDD) | TYPE OF TRAINING | HOURS<br>COMPLETED |
|--------------------|------------------|--------------------|
|                    |                  |                    |
|                    |                  |                    |
|                    |                  |                    |
|                    |                  |                    |
|                    |                  |                    |
|                    |                  |                    |
|                    |                  |                    |
|                    |                  |                    |

**18. VOLUNTEER ANNUAL HOUR RECORD**

| YEAR  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| HOURS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**19a. SIGNATURE**

**19b. DATE (YYYYMMDD)**





| VOLUNTEER AGREEMENT FOR   |                     |  |   |
|---|---------------------|--|---|
| [ ] APPROPRIATED FUND ACTIVITIES  |                     | [ ] NONAPPROPRIATED FUND INSTRUMENTALITIES       |   |
| <b>PART 1 – GENERAL INFORMATION</b>   |                     |  |   |
| <b>1. TYPED NAME OF VOLUNTEER</b> (Last, First, Middle Initial)   |                     | <b>2. YEAR OF BIRTH</b>                          |   |
| <b>3. INSTALLATION</b>  |                     | <b>4. ORGANIZATION/UNIT WHERE SERVICE OCCURS</b> |   |
| <b>5. PROGRAM WHERE SERVICE OCCURS</b>  |                     | <b>6. ANTICIPATED DAYS OF WEEK</b>               | <b>7. ANTICIPATED HOURS</b>               |
| <b>8. DESCRIPTION OF VOLUNTEER SERVICES</b>   |                     |  |   |
| <b>PART II – COLUNTEER IN APPROPRIATED FUND ACTIVITIES</b>  |                     |  |   |
| <b>9. CERTIFICATION</b>   |                     |  |   |
| <p>I expressly agree that my services 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 and agree to participate in any training required by the installation or unit in order for me to perform the voluntary services that I am offering. I agree to follow all rules and procedures of the installation or unit that apply to the voluntary services I will be providing.</p> |                     |  |   |
| <b>a. SIGNATURE OF VOLUNTEER</b>  |                     | <b>b. DATE SIGNED</b> (YYYYMMDD)                 |   |
| <b>10a. TYPED NAME OF ACCEPTING OFFICIAL</b><br>(Last, First, Middle Initial)   | <b>b. SIGNATURE</b> | <b>b. DATE SIGNED</b> (YYYYMMDD)                 |   |
| <b>PART III – VOLUNTEER IN NONAPPROPRIATED FUNDING INSTRUMENTALITIES</b>  |                     |  |   |
| <b>11. CERTIFICATION</b>  |                     |  |   |
| <p>I expressly agree that my services 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 and liability for tort claims as specified in 10 U.S.C. Section 1588 (d)(2). 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 and agree to participate in any training required by the installation or unit in order for me to perform the voluntary services that I am offering. I agree to follow all rules and procedures of the installation or unit that apply to the voluntary services that I am offering.</p>  |                     |  |   |
| <b>a. SIGNATURE OF VOLUNTEER</b>  |                     | <b>b. DATE SIGNED</b> (YYYYMMDD)                 |   |
| <b>12. a. TYPED NAME OF ACCEPTING OFFICIAL</b><br>(Last, First, Middle Initial)   | <b>b. SIGNATURE</b> | <b>c. DATE SIGNED</b> (YYYYMMDD)                 |   |
| Hogue, Lisa J   |                     |  |   |
| <b>PART IV – TO BE COMPLETED AT END OF VOLUNTEERS SERVICE BY VOLUNTEER SUPERVISOR</b>   |                     |  |   |
| <b>13. AMOUNT OF VOLUNTEER TIME DONATED</b>   |                     | <b>14. SIGNATURE</b>                             | <b>15. TERMINATION DATE</b><br>(YYYYMMDD) |
| <b>a. YEARS</b> <sup>(2,087 hours = 1 year)</sup>   | <b>b. WEEKS</b>     |  |   |
| <b>16a. TYPED NAME OF SUPERVISOR</b><br>(Last, First, Middle Initial)   |                     | <b>b. SIGNATURE</b>                              | <b>c. DATE SIGNED</b><br>(YYYYMMDD)       |