



USAG HUMPHREYS ARMY COMMUNITY SERVICE 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 two 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: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

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.

Do you plan to volunteer with Child related programs such as FAP, EFMP, CYS, RS or DODEA? YES / NO

(If yes, complete program specific section. If no, sign and date bottom of page)

Complete ONLY if interested in volunteering in FAP or EFMP programs:

Position of Interest: General FAP programs EFMP NPSP Emergency Placement (On-Post only)

As of February 1, 2018



USAG HUMPHREYS ARMY COMMUNITY SERVICE

Volunteer Application



Complete ONLY if interested in Volunteering with CYS

Circle Program of Interest: CDC/SAC SKIES Youth Center Outreach Home School COOP Youth S & F

Youth Sports and Fitness (S&F) Programs:

Position: _____Head Coach _____Assistant Coach _____General Volunteer

Interested in becoming sports referee/official/umpire? YES / NO Sport(s): _____

How many years have you coached? _____Where have you coached and what sports? _____

Circle all applicable sports you are willing to coach. Write in 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

Child's First and Last Name: _____ Age _____

Complete ONLY if interested in Religious Support Programs:

Please Circle Program of Interest: AWANA Gospel Service Catholic Service Church of Christ
Jewish Service Korean Worship service Traditional Protestant Service Youth Group

Volunteer Position(s): _____

Complete ONLY if interested in DODEA programs:

Have you ever been evaluated for child abuse (neglect, physical, emotional, and sexual abuse)? YES / NO

Circle School of Interest: Central Elementary West Elementary Middle High School

Circle Volunteer Programs of Interest: General School Classroom Tutoring Coaching

Chaperone PIE Sure Start PTSO

If classroom provide description: _____

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