

FORT BELVOIR CHILD & YOUTH SERVICES

VOLUNTEER APPLICATION PACKET

Thank you for your interest in volunteering with Child & Youth Services! Our various programs serve over 7,000 children and youth in the Fort Belvoir community. The Youth Sports & Fitness program relies heavily on volunteers to coach well over 100 sports teams each year. Without volunteers hundreds of children would miss out on the opportunity to learn and grow from participation in these programs.

All forms should be completed in their entirety. Full social security number is required to process all background checks. Please read, sign and return all forms as well as this coversheet.

Fort Belvoir Youth Sports Coach Application Form—Only for Coaches

Youth Sport's Coach Position Description—Only for Coaches

IMCOM Background Check Work Order Ticket (IMCOM Form 30-Section III)

Statement for Release of Treatment Information (DA 5018-R)

Basic Criminal History & Statement of Admission (DD 2981)

Fingerprint Information Worksheet (IMCOM 28L) —take to Security Office for fingerprinting

Standards of Conduct Acknowledgement Statement

Coaches' Code of Ethics—Only for Coaches

Volunteer Agreement (DD 2793)

Volunteer Health Report (signed by a Physician)

Proof of Current Immunizations—Only for facility based volunteers

Volunteer Service Record (DA 4162)—except Coaches

Parental Permission (DA 5671)— Only for minors

Outreach Volunteer Job Description— Applicant keeps this

2 Completed Reference Forms (Persons who can attest to your ability to work well with children)

Once all paperwork has been returned to the program manager and checked for completeness it will be forwarded to the Command Designated Entity (CDE) at Fort Sam Houston for processing. Failure to complete all paperwork and/or fingerprinting will result in the application being cancelled by the CDE.

****ALL BACKGROUND CHECKS ARE REQUIRED TO BE
RE-VERIFIED EVERY FIVE YEARS.**

For questions or assistance with this application please contact Ms. Jacqueline Hooker.
For questions specific to volunteering with the Youth Sports & Fitness program and coaching please contact
Ms. Aricka Vaughan.

Jacqueline Hooker

Phone: 703-805-1835

Email: jacqueline.hooker2.naf@army.mil

Aricka Vaughan

Phone: 703-805-1258

E-mail: aricka.a.vaughan.naf@army.mil



UNITED STATES ARMY
CHILD & YOUTH SERVICES

Fort Belvoir Youth Sports Coach Application Form

Please Circle: †

Tackle Football †
House Basketball †
Little League Baseball
Cheer (Basketball)
Soccer †

Flag Football
Select Basketball †
Tee Ball †
Cheer (Football) †
Select Soccer

Track & Field
Wrestling
Softball
SKIES Volunteer
Homeschooler Volunteer

†

Head Coach _____ Assistant Coach _____
(Indicate either the head coach or the assistant coach you wish to be paired with above.)

Please Print Clearly

Last Name First Middle

Mailing Address

City State Zip Code

E-mail address

Telephone (h) c) w)

Child:

Name _____ Age _____
Name _____ Age _____
Name _____ Age _____

Qualifications and experiences: _____

Reference: (Can attest to your ability to work with children)

Name Phone Number

CPR/First Aid, Emergency Procedures Training: Expiration Date

Coach Signature Date

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



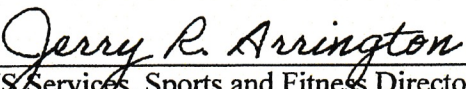
**UNITED STATES ARMY
CHILD & YOUTH SERVICES**

- Organization:** IMCOM-HQ, Child & Youth Services (CYS) Youth Sports & Fitness (YSF)
- Position Title:** CYS 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 requirements. Be present at scheduled practices and games at least fifteen minutes before the scheduled starting time. Inform CYS YSF 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 property, role model appropriate behavior (e.g., Army Values, CYS Statement of Understanding) and abide by the CYS YSF philosophy.
- Time Required:** Practices are generally held during the period(s):
Monday – Friday: 1700-2030
Note: Practices must be conducted IAW CYS guidance
- Games are generally held Week nights Monday – Friday: 1700-2030 and/or Saturdays: 0800-1700
Note: Average – one/two games 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 VOLUNTEER YOUTH 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 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 guidance
- Supervisor:** CYS Youth Sports & Fitness Director
- Assessment:** CYS YSF Volunteer Coaches will receive feedback through the CYS YSF
Director and/or designated YSF staff.
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

Contact Information: Jerry Arrington
Youth Sports & Fitness Director
jerry.r.arrington.naf@mail.mil
703-805-9139

CYS Services Sports and Fitness – Bringing out the best in youth

INSTALLATION MANAGEMENT COMMAND (IMCOM) BACKGROUND CHECK REQUEST (BCR) 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: 34 USC 20351 and 10 USC 3013, Public Law 101-647, Section 231 (Crime Control Act of 1990); DODI 1402.05, Background Checks on Individualism 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, 24 Aug 2012, DoD Instruction 1400.25, Subchapter 1403 (DoD Civilian Personnel Manual: Employment), 1 Dec 1996, Incorporating Change 5, 25 Mar 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.

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.

Clear Form

SECTION I- APPLICANT PROVIDED INFORMATION

SSN:	Prefix or Rank:	Last Name:	First Name:	Middle Name:	Maiden Name:
Postfix or Suffix:	Date of Birth:	Birth Country:	Birth State:	Birth City:	
Primary Email:	Secondary Email:	Primary Phone:	Secondary Phone:		
Current Street Address:	Current City:	Current State:	Current Country:	Current Zip Code:	

SECTION II- REQUEST TYPE

Personnel Category: Select one	Request Type: Select one	Position Nexus: Select one	Anticipated Start Date:
Functional Area: Select one	Special Focus Program: Select one	Employment Location:	Employment Position:

SECTION III- REQUESTING OFFICE INFORMATION (Requesters cannot submit BCR for themselves or supervisory chain of command)

Requester Name: Jacqueline Hooker	Requester Telephone: 703-805-1835	Requester Email: jacquiline.hooker2.naf@army.mil
Alternate Name:	Alternate Telephone:	Alternate Email:
Garrison: Army	Installation: Fort Belvoir	Directorate/Organization: DFMWR/CYS

SECTION IV- TRANSFER SECTION (must be completed when transfer is selected)

Approximate Year Background Check Completed:	Completed by: Select one	Name of Losing Garrison/Installation:	POC Email:
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SECTION V- VOLUNTEERS, CONTRACTORS (SHORT DURATION) AND OTHER CATEGORIES (FINGERPRINTS)

Date fingerprint completed :	Date hard copy mailed (when LIVESCAN is down):	Method of delivery:	Tracking number:
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SECTION VI- CENTRALIZED CONTRACT (only required for Contract Companies that submit fingerprints)

Date fingerprint completed :	Date hard copy mailed:	Method of delivery:	Tracking number:
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SECTION VII- FAMILY CHILD CARE/EMERGENCY PLACEMENT CARE

All household members ages 12 and up must be listed on this form, even if they are not due for a CSBC re-verification. For each person listed below requiring initial or re-verification, refer to IMCOM Worksheet 30A for required documents.

Category:	Name:	SSN #:	Birth Date:	Birth Place:
Category:	Name:	SSN #:	Birth Date:	Birth Place:
Category:	Name:	SSN #:	Birth Date:	Birth Place:
Category:	Name:	SSN #:	Birth Date:	Birth Place:

Remarks Section- Please note any special requests (i.e. Additional "supervisors" for PSIP requests, additional POCs, or information to assist with the processing of the BCR)

Name and signature of Functional Manager:	Date Submitted:
CDE Received (Name and Signature):	Date Received:

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/REVOCAION
(Check applicable paragraph)

- 1. [X] 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.

Table with 2 columns: 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.

Table with 2 columns: NAME OF MEDCEN/MEDDAC COMMANDER OR DESIGNATED REPRESENTATIVE (Type or print), DATE, SIGNATURE

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://dpdcd.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
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3. DATE OF BIRTH (YYYYMMDD)	4. INSTALLATION/PROGRAM NAME	5. DATE OF HIRE (YYYYMMDD)
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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.

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)

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.



CODE OF ETHICS

I hereby pledge to live up to my certification as a NAYS Coach by following the NAYS Coaches' Code of Ethics:

- I will place the emotional and physical well being of my players ahead of a personal desire to win.
- I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.
- I will do my best to provide a safe playing situation for my players.
- I promise to review and practice basic first aid principles needed to treat injuries of my players.
- I will do my best to organize practices that are fun and challenging for all my players.
- I will lead by example in demonstrating fair play and sportsmanship to all my players.
- I will not cheat or engage in any form of unethical behavior that violates league rules.
- I will provide a sports environment for my team that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events.
- I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.
- I will use those coaching techniques appropriate for all of the skills that I teach.
- I will remember that I am a youth sports coach, and that the game is for children and not adults.

Coach Signature

Date

VOLUNTEER HEALTH REPORT

Physician's Statement

INSTRUCTIONS: Please provide a copy of this form to each volunteer to be given to his/her examining physician. The top portion of the form should be completed by the volunteer; the bottom portion must be completed and signed by a physician.

Fort Belvoir Youth Sports & Fitness

Name of CYS Program

Name of Applicant/Volunteer

-----To be completed by Physician -----

This statement is signed in compliance with the Code of Virginia, Section 63.2-1716

I certify that _____ is free from any disability or
(Patient/Volunteer)
communicable disease which would prevent him/her from caring for children under
his/her supervision.

Physician's Printed Name: _____

Address: _____

Telephone Number: _____

Physician's Signature: _____ Date: _____

Statement of Understanding Child and Youth Services Personnel

Standards of Conduct and Accountability in Child and Youth Services (CYS) Programs

I understand that:

1. I am responsible for providing guidance in accordance with (IAW) CYS Policy by using knowledge, skills and abilities to identify appropriate and inappropriate behavior of children/youth based on their age and social/emotional development. I will role-model and explicitly teach problem-solving strategies, impulse control, empathy and acceptance of self and others as well as pro-social behavior.

2. I will never use corporal/physical punishment, psychological abuse or coercion as an acceptable form of guidance. Guidance will never be punitive in nature. Children will not be punished physically or verbally for lapses in toilet training or refusing food. I will never punish children/youth by any of the following: spanking, pinching, dragging or grabbing, shaking, or other corporal punishment; isolation; confinement in closets, boxes, or similar places; time away/timeout; binding to restrict the movement of mouth or limbs; humiliation, verbal abuse, taunting or teasing; deprivation of meals, snacks, outdoor play opportunities, or other program components. Restricting the use of specific play materials and equipment, or participation in a specific activity will be based on the developmental age and social/emotional development of the child and if it poses a safety concern for the child or others.

3. I am responsible for knowing the boundaries for appropriate and inappropriate touching that are established to ensure that CYS personnel have a clear understanding of what is acceptable and what is not. These boundaries are specified in the Standards of Conduct and Accountability SOP.

4. If an allegation of abuse/neglect is made against me, it will be grounds for immediate closure of my Family Child Care (FCC) home or reassignment outside of CYS until the investigation is completed.

5. I am responsible for supervising Infants, Pre-toddlers and Toddlers by sight and sound at all times, including when sleeping. Mirrors and video monitoring do not replace direct sight and sound supervision. Preschool and kindergarten children are supervised by sight most of the time, with the exception of brief periods when children cannot be seen but still heard, as long as I check frequently on children who are out of sight (i.e. child using the toilet independently, child in a library area). Kindergarteners and School-age children may leave my supervision for brief periods, so long as they are in a safe environment (such as going to a hall bathroom) but must be within sight and/or hearing most of the time. Middle School and Teen youth are supervised by monitoring areas where youth are engaged in activities and requires that I move throughout the facility.

15. I am responsible for completing reports on accidents, injuries to children/youth, or other unusual incidents that occur while I am on duty.
16. I will wear my appropriate color coded apparel (ensuring apparel can be seen at all times and from all angles) when caring for children/youth.
17. I will refrain from commenting, passing judgment, or providing guidance or input on sensitive topics with children/youth. I will encourage children/youth to reach out to a trusted family member or counselor for discussion.
18. The following Social Media and Electronic Communications are prohibited:
- Displaying in the workplace or any other place likely to embarrass or undermine the professional credibility of the CYS program or otherwise interfere with CYS operations, any material that is sexually explicit, provocative, inappropriate, inflammatory, or unprofessional. Such materials shall not be present on CYS premises.
 - Communication to staff or children/youth that is unprofessional or inappropriate.
 - Communication with children/youth through social media platforms except via the program's official social media pages (e.g. facebook, twitter).
 - Communication with children/youth by email and messaging except via staff's .mil email address – all electronic communications with children/youth will have a parent and at least one other staff member on the cc line.
 - Communication with children/youth by text message via a personal device.
 - Sharing home or personal email, messaging, phone numbers or social media addresses with children/youth.
 - Posting media to a personal social media site which includes non-familial children/youth enrolled in CYS programs.
 - Use of Personal Electronic Devices while on duty.
19. I am required to immediately inform my supervisor/program director if I am charged with a crime referenced on the DD Form 2981 Basic Criminal History and Statement of Admission.

CAREGIVER'S CREED

"I am an Army Caregiver, a professional trained in my duties. I serve Department of Defense Families who protect the nation, by protecting their children/youth. I will always provide a safe, nurturing, enriching environment and ensure accountability for children/youth in my care. Never will I put children/youth in harm's way or allow others to do so. I will build trust with parents/guardians so they can concentrate on their mission. I will always treat Families with the dignity and respect they deserve. Army Caregivers are key members of the Army Team. I am an Army Caregiver."

My signature acknowledges that I have read, understand, and will comply with the Caregiver's Creed and the Standard of Conduct and Accountability SOP on appropriate

VOLUNTEER AGREEMENT FOR

APPROPRIATED FUND ACTIVITIES



NONAPPROPRIATED FUND INSTRUMENTALITIES

PART I - GENERAL INFORMATION

1. TYPED NAME OF VOLUNTEER (<i>Last, First, Middle Initial</i>)		2. YEAR OF BIRTH
3. INSTALLATION Fort Belvoir, VA	4. ORGANIZATION/UNIT WHERE SERVICE OCCURS Child & Youth Services	
5. PROGRAM WHERE SERVICE OCCURS SAS	6. ANTICIPATED DAYS OF WEEK Varies	7. ANTICIPATED HOURS Varies
8. DESCRIPTION OF VOLUNTEER SERVICES Homeschooler Volunteer		

PART II - VOLUNTEER IN APPROPRIATED FUND ACTIVITIES

9. CERTIFICATION

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.

a. SIGNATURE OF VOLUNTEER XX		b. DATE SIGNED (YYYYMMDD) 0
10.a. TYPED NAME OF ACCEPTING OFFICIAL (<i>Last, First, Middle Initial</i>) XXXXXXXXXXXXXXXXXXXX	b. SIGNATURE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	c. DATE SIGNED (YYYYMMDD) 0

PART III - VOLUNTEER IN NONAPPROPRIATED FUND INSTRUMENTALITIES

11. CERTIFICATION

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.

a. SIGNATURE OF VOLUNTEER		b. DATE SIGNED (YYYYMMDD)
12.a. TYPED NAME OF ACCEPTING OFFICIAL (<i>Last, First, Middle Initial</i>)	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

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

13. AMOUNT OF VOLUNTEER TIME DONATED				14. SIGNATURE	15. TERMINATION DATE (YYYYMMDD)
a. YEARS (2,087 hours=1 year)	b. WEEKS	c. DAYS	d. HOURS		
16.a. TYPED NAME OF SUPERVISOR (<i>Last, First, Middle Initial</i>)				b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)



Child & Youth Services Volunteer Reference Form



Potential Volunteer's Name: _____

Program: Youth Sports CDC SAC YC SKIES Outreach Homeschooler

The above named person has applied to be a volunteer with Child & Youth Services (CYS) on Fort Belvoir. Volunteers with CYS work directly with children ranging in ages from 6 weeks to eighteen years of age, depending on the program they are volunteering with. You are being asked to give a personal character reference for the individual listed above.

Your Name: _____ Telephone: _____

Email: _____

1. How well do you know the applicant? Very Well Well Average Little Very Little

2. I know the applicant as a (check all that apply):
Co-Worker Friend Professionally Neighbor Other _____

3. The applicant relates well to children:
Agree Somewhat Agree Somewhat Disagree Disagree Don't Know

4. The applicant possesses good common sense:
Agree Somewhat Agree Somewhat Disagree Disagree Don't Know

5. The applicant will behave in a professional manner at all times:
Agree Somewhat Agree Somewhat Disagree Disagree Don't Know

6. Do you have any reason to question this person's loyalty to the United States?
Yes No

7. Do you have any knowledge of any behavior, activities, or associations which tend to show that this person is not reliable, honest, trustworthy, and of good conduct and character?
Yes No

Remarks: _____

Signature of Person Providing Reference

Date

**Thank you for taking the time to complete this reference.
Your interest in the welfare of our community's children is appreciated.**



Child & Youth Services Volunteer Reference Form



Potential Volunteer's Name: _____

Program: Youth Sports CDC SAC YC SKIES Outreach Homeschooler

The above named person has applied to be a volunteer with Child & Youth Services (CYS) on Fort Belvoir. Volunteers with CYS work directly with children ranging in ages from 6 weeks to eighteen years of age, depending on the program they are volunteering with. You are being asked to give a personal character reference for the individual listed above.

Your Name: _____ Telephone: _____

Email: _____

- How well do you know the applicant?

Very Well	Well	Average	Little	Very Little
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- I know the applicant as a (check all that apply):

Co-Worker	Friend	Professionally	Neighbor	Other _____
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- The applicant relates well to children:

Agree	Somewhat Agree	Somewhat Disagree	Disagree	Don't Know
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- The applicant possesses good common sense:

Agree	Somewhat Agree	Somewhat Disagree	Disagree	Don't Know
-------	----------------	-------------------	----------	------------
- The applicant will behave in a professional manner at all times:

Agree	Somewhat Agree	Somewhat Disagree	Disagree	Don't Know
-------	----------------	-------------------	----------	------------
- Do you have any reason to question this person's loyalty to the United States?

Yes	No
-----	----
- Do you have any knowledge of any behavior, activities, or associations which tend to show that this person is not reliable, honest, trustworthy, and of good conduct and character?

Yes	No
-----	----

Remarks: _____

Signature of Person Providing Reference

Date

**Thank you for taking the time to complete this reference.
Your interest in the welfare of our community's children is appreciated.**

VOLUNTEER SERVICE RECORD

For use of this form, see AR 608-1; the proponent agency is OACSIM.

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC Section 301, Department Regulations; 10 USC Section 3013, Secretary of the Army; and Army Regulation 608-1, Army Community Service Center.

PRINCIPAL PURPOSE: 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.

ROUTINE USES: None. The "Blanket Routine Uses" set forth at the beginning of the Army's Complications of System of Records Notices apply to this system.

DISCLOSURE: Voluntary. However, failure to provide the requested information may exclude you from participating in the Army Community Service Volunteer Program.

INSTRUCTIONS: 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.

1. NAME OF VOLUNTEER <i>(Last, First, MI)</i>	2. HOME ADDRESS <i>(Street, City, State and ZIP Code)</i>
3. EMAIL ADDRESS	
4. TELEPHONE NUMBERS a. HOME b. WORK c. FAX	5. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
7a. SPONSOR NAME	6. DATE OF BIRTH <i>(YYYYMMDD)</i>
	7b. SPONSOR UNIT ADDRESS

8. Mark all the demographic data that applies to the volunteer. Family members of service members should indicate the branch of service and status of the sponsor.

<input type="checkbox"/> SERVICE MEMBER	<input type="checkbox"/> ARMY	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> NAVY	<input type="checkbox"/> MARINE
<input type="checkbox"/> CIVILIAN EMPLOYEE <i>(APF and NAF)</i>	<input type="checkbox"/> OFFICER	<input type="checkbox"/> ENLISTED		
<input type="checkbox"/> ADULT FAMILY MEMBER	<input type="checkbox"/> ACTIVE DUTY	<input type="checkbox"/> RETIRED		
<input type="checkbox"/> YOUTH FAMILY MEMBER <i>(Under age 18 and unmarried)</i>	<input type="checkbox"/> RESERVE	<input type="checkbox"/> GUARD		
<input type="checkbox"/> CIVILIAN <i>(Not connected with the military)</i>	<input type="checkbox"/> DECEASED			

9. CHILDREN AT HOME <input type="checkbox"/> NONE <input type="checkbox"/> PRESCHOOL <input type="checkbox"/> IN SCHOOL	10. INITIAL COMMITMENT <input type="checkbox"/> ONE DAY EVENT <input type="checkbox"/> ONE MONTH EVENT <input type="checkbox"/> THREE MONTHS
11. EDUCATION <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE <input type="checkbox"/> ADVANCED DEGREE	<input type="checkbox"/> SIX MONTHS <input type="checkbox"/> NINE MONTHS <input type="checkbox"/> OTHER

12. WORK EXPERIENCE

13. VOLUNTEER EXPERIENCE

