



YOUTH SPORTS VOLUNTEER APPLICATION



633D FORCE SUPPORT SQ

45 NEALY AVE., STE. 215
JBLE - LANGLEY AFB, VA
23665

This document contains FOR OFFICIAL USE ONLY (FOUO) information which must be protected under the Freedom of Information Act (5 U.S.C 552) and/or the Privacy Act of 1974 (5 U.S.C. 52a). Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in disciplinary action, criminal and/or civil penalties. Further distribution is prohibited without the approval of the author of this message unless the recipient has a need to know in the performance of official duties.



YOUTH SPORTS VOLUNTEER APPLICATION

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, United States Code, Section 8012; Title 44, United States Code, Section 3101; and Executive Order 9397.
PRINCIPAL PURPOSE: To determine whether or not applicants are qualified for a Youth Sports volunteer position.
ROUTINE USES: Information furnished may be disclosed to any DoD Component or part thereof, and upon request to other Federal, State, and local governmental agencies in the pursuit of their official duties. Also, it may be used for other lawful purposes including law enforcement and/or litigation. In addition, information furnished may be disclosed to other agencies, league coaches, team parents and youth which the Youth Sports Director deems appropriate. The SSN is used for identification.
DISCLOSURE: Voluntary. However, failure to provide information may preclude the individual from being accepted as a volunteer.

POSITION*

(*Select all that apply.)

<input type="checkbox"/>	COACH	<input type="checkbox"/>	TEAM PARENT	<input type="checkbox"/>	ADMINISTRATION	<input type="checkbox"/>	FIELD MAINTENANCE
<input type="checkbox"/>	ASST COACH	<input type="checkbox"/>	CONCESSIONS	<input type="checkbox"/>	OFFICIAL/REFEREE	<input type="checkbox"/>	OTHER:

GENERAL INFORMATION

Name: _____ SSN: _____
 (Last) (First) (MI) (Rank)

Date of Birth: _____ Gender: Male Female Shirt Size: S M L XL 2XL 3XL
 (DD / MMM / YYYY) (Select one) (Select one)

CONTACT INFORMATION

HOME	WORK
Address: _____ (Street Address) (Apt #)	Address: _____ (Organization Office Symbol)
_____ (City) (State) Zip	_____ (Base)
Email: _____	Email: _____
Phone: _____	Phone: _____
Cell: _____	Cell: _____

REFERENCES**

(**Not related by blood or marriage.)

Name	Relationship	Email	Phone
1.			
2.			

RELEASES

MEDICAL RELEASE: I hereby authorize emergency medical treatment for myself whenever it is deemed necessary at a U.S. Military Facility or any other medical facility when a U.S. Military Medical Facility is not available. Initial _____

MEDIA/PHOTO RELEASE: I hereby grant permission to Child and Youth Programs, 633D Force Support Squadron, Joint Base Langley-Eustis, Air Combat Command, Department of the Air Force, and any contractors to use the afore mentioned volunteer's name and to record on videotape, photograph, or audiotape, your participation with Youth Sports. I further agree that any or all of the materials recorded shall be considered Air Force property and may be used, in any form, as part of any future production(s) made by or for the Air Force, and further, that such use shall be without payment of fees, royalties, special credit, or other consideration. Initial _____

SIGNATURE:

DATE:



YOUTH SPORTS QUESTIONNAIRE

(Last)

(First)

(MI)

(Rank)

NAME:

1. What sport(s) are you interested in coaching?

2. Do you know the rules of the sport(s)?

3. Do you have children of your own? If so, how old?

4. Do you have any experience coaching or teaching youth?

5. What is your coaching style or philosophy?

6. What type(s) of discipline do/would you use?

7. What do you consider your strengths?

8. What do you consider your weaknesses?

9. Why are you interested in volunteering, or what do you want to gain from the experience?

10. How much time are you able to volunteer?

11. List any formal training you have received in coaching.

12. List any formal training you have received in parenting and/or teaching children.

13. List any formal training you have received in CPR, first aid, or other similar training.

14. Do you have any questions or concerns about volunteering?



YOUTH SPORTS CODE OF ETHICS

COACH

I hereby pledge to live up to my certification as a NYSCA Coach by following the NYSCA 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 will 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 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.

© National Alliance for Youth Sports

ACKNOWLEDGEMENT

SIGNATURE:

PRINTED NAME:

DATE:

CUI (when filled in)

VACCINE ADMINISTRATION RECORD

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)

This document complies with Article 36 and Annex 6 of the World Health Organization International Health Regulations (IHR) of 2005. International Health Regulations call for this document to be accepted in lieu of the International Certificate of Vaccinations (PHS Form 731) when traveling outside the United States. In accordance with the IHR, this automated record is an equivalent document issued by the United States Armed Forces.

By inserting the Vaccine Information Statement (VIS) version date in the applicable field, providers verify that the vaccine(s) annotated were administered and current VISs were given to the parent, legal guardian or patient. This form complies with federal record-keeping requirements of the National Childhood Vaccine Injury Act of 1986 as amended 14 December 1993. Parent, guardian, or patient signature is not required unless state law mandates a guardian signature and proof of informed consent.

[illegible]

Immunization Exemptions

Vaccine	Exemption	Expiration Date

LAST ITEM

DO NOT MAKE ENTRIES BELOW THIS BLOCK

	Name:		Sex:
	Status:		Rank:
	Service:	Sponsor's SSAN: XXX - XX -	DOB:

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

1. NAME OF VOLUNTEER (Last, First, Middle Initial)	2. NAME OF PARENT/GUARDIAN (If volunteer is under age 18) (Last, First Middle Initial)	3. VOLUNTEER IS (Select one) <input type="checkbox"/> AGE 18 OR OVER <input type="checkbox"/> UNDER AGE 18
---	---	--

4. TELEPHONE NUMBER (Include Area Code)	5. E-MAIL ADDRESS
--	--------------------------

PART II - VOLUNTEER ASSIGNMENT (to be completed by Accepting Official)

6. INSTALLATION/COMPONENT ACTIVITY	7. ORGANIZATION/UNIT WHERE SERVICE OCCURS	8. PROGRAM WHERE SERVICE OCCURS	9. ANTICIPATED DAYS OF WEEK	10. ANTICIPATED HOURS
JBLE - LANGLEY AFB	633 FSS / FSYY	Youth Sports	3 days/wk	Max 2 hrs/day

11. DESCRIPTION OF VOLUNTEER SERVICES

Assists in implementing youth sports program IAW regulatory guidance. Learns sport skills, drills, strategies/tactics, rules, and league policies/procedures. Holds pre-season meeting w/parents. Plans/organizes and conducts bi-weekly practices/games. Selects instructional activities. Teaches sports fundamentals. Arranges for equipment, facilities, and/or supplies. Provides safe, fun, and fair/equal learning environment. Performs equipment/facility safety inspections prior to start of practices/games. Assist w/facility maintenance. Communicates w/coaches, parents, and players concerning game/practice schedules and other league events. Encourages parent involvement. Supervises subordinate volunteers (team parent and/or assistants). Reports suspected child abuse or neglect. Serves as role model. Evaluates program effectiveness. Local travel required. Works uncommon tour of duty.

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.

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

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

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

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 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://dpcl.d.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		
3. DATE OF BIRTH (YYYYMMDD)		4. INSTALLATION/PROGRAM NAME JBLE - LANGLEY AFB / YOUTH SPORTS & FITNESS			5. DATE OF HIRE (YYYYMMDD)	
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)	
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)

DEPARTMENT OF DEFENSE CONSENT TO CONDUCT INSTALLATION RECORDS CHECK (IRC)			OMB No. 0704-0586 OMB Approval Expires: 20231031	
<p>The public reporting burden for this collection of information, OMB Control Number 0704-0586, is estimated to average 10 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 the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@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.</p>				
PRIVACY ACT STATEMENT				
<p>AUTHORITY: 34 U.S.C. 20351 (Crime Control Act of 1990); DoDI 1402.05, Background Checks on Individuals in DoD Child Care Services Programs; and E.O. 9397 (SSN), as amended.</p> <p>PRINCIPAL PURPOSE(S): To require all individuals who provide child care services, as defined by Section 20351 of 34 U.S.C. (Crime Control Act of 1990), to undergo an Installation Records Check (IRC).</p> <p>ROUTINE USES: The Routine Uses are listed in the applicable system of records notices found at:</p> <p>Army: A0215-3 SAMR, NAF Personnel Records (https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570010/a0215-3-samr/) and A0690-200 DAPE, Department of the Army Civilian Personnel Systems (https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570099/a0690-200-dape/)</p> <p>Navy and Marine Corps: NM 01754-3, DON Child and Youth Program, (https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570428/nm01754-3/)</p> <p>Air Force: F034 AF SVA C, Child Development/Youth Programs Records (https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/569755/f034-af-sva-c/)</p> <p>Defense Logistics Agency: S400.20, Day Care Facility Registrant, Applicant and Enrollee Records, (https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570257/s40020/) and</p> <p>National Security Agency: GNSA 19, NSA/CSS Child Development Services, (https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570520/gnsa-19/)</p> <p>This release will be initiated by office or installation staff responsible for the oversight of individuals who provide child care services to children under the age of 18. Once completed, the form will be maintained by the Human Resource (HR) or Security Offices.</p> <p>DISCLOSURE: Voluntary; however, failure to provide all the requested information could preclude employment or continued service in a child care services program position, and may form the basis for withdrawal of a tentative (conditional) job offer, removal from a position and/or the federal service or prohibition from working with or around children.</p>				
SECTION I. SUBJECT'S INFORMATION				
1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements)		2. OTHER NAME(S) USED (e.g., maiden name, nickname, birth name)		
3. PLACE OF BIRTH (City, State, Country)		4. DATE OF BIRTH (MM/DD/YYYY)	5. SOCIAL SECURITY NUMBER	
6. CURRENT ADDRESS (Street, City, State, Zip Code)				
SECTION II. AUTHORIZATION AND RELEASE CERTIFICATION (To be signed by Subject or Parent/Legal Guardian)				
<p>I hereby authorize the DoD to conduct an IRC, which includes the release of information pertaining to me within military law enforcement records, the Defense Central Index of Investigations (DCII) and information pertaining to Family Advocacy Program (FAP) records (child and/or domestic abuse) maintained in the FAP Central Registry. I also authorize the other Services within DoD to release the same information listed above from their systems of record for the purposes of completing the IRC. I understand that this consent does not expire and may be utilized to conduct periodic re-verification checks. I also understand that except to the extent such action has been taken, I can revoke my consent at any time but this may preclude my continued service in a Child Care Services position. I understand that pursuant to the Privacy Act, the information collected will be confidential and disclosure limited to purposes authorized under the Privacy Act. I understand that I may request a copy of such records as may be available to me under the law, and that I have a right to challenge the accuracy and completeness of any information contained in the results of the background checks. I release any individual, including records custodians, any component of the United States Government, or the individual supplying information, from all liability for damages that may result on account of compliance or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assignees, associates, and personal representatives of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.</p>				
7a. PRINT NAME (Subject or Parent/Legal Guardian)		7b. DATE (MM/DD/YYYY)	7c. SIGNATURE (Subject or Parent/Legal Guardian)	
7d. EMAIL ADDRESS		7e. PHONE NUMBER		
SECTION III. POSITION AND BACKGROUND CHECK INFORMATION				
8a. COMMAND / INSTALLATION / ORGANIZATION		8b. POSITION HIRE / START DATE (estimated) (MM/DD/YYYY)		
8c. POSITION CATEGORY				
<input type="checkbox"/> Civilian Employee (APF)	<input type="checkbox"/> Civilian Employee (NAF)	<input type="checkbox"/> Contractor	<input type="checkbox"/> In-Home Care Providers (Respite Care, Foster Care, Family Child Care)	
<input type="checkbox"/> Military Personnel	<input checked="" type="checkbox"/> Volunteer	<input type="checkbox"/> In-Home Care Family Members	<input type="checkbox"/> Teen Employee	
<input type="checkbox"/> Junior Reserve Officer (JROTC) Instructor	<input type="checkbox"/> Other			

Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

General Information

1. FULL NAME (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)

◆

2. SOCIAL SECURITY NUMBER

◆

3a. PLACE OF BIRTH (Include city and state or country)

◆

3b. ARE YOU A U.S. CITIZEN?

☐ YES ☐ NO (If "NO", provide country of citizenship) ◆

4. DATE OF BIRTH (MM / DD / YYYY)

◆

5. OTHER NAMES EVER USED (For example, maiden name, nickname, etc.)

◆

◆

6. PHONE NUMBERS (Include area codes)

Day ◆

Night ◆

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Were you born a male after December 31, 1959?

☐ YES

☐ NO (If "NO", proceed to 8.)

7b. Have you registered with the Selective Service System?

☐ YES (If "YES", proceed to 8.)

☐ NO (If "NO", proceed to 7c.)

7c. If "NO," describe your reason(s) in item 16.

Military Service

8. Have you ever served in the United States military?

☐ YES (If "YES", provide information below) ☐ NO

If your only active duty was training in the Reserves or National Guard, answer "NO."

If you answered "YES," list the branch, dates, and type of discharge for all active duty.

Branch	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Type of Discharge

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

9. During the last 7 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.* ☐ YES ☐ NO

10. Have you been convicted by a military court-martial in the past 7 years? *(If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.* ☐ YES ☐ NO

11. Are you currently under charges for any violation of law? *If "YES," use item 16 to provide the date, explanation of the charges, place of occurrence, and the name and address of the police department or court involved.* ☐ YES ☐ NO

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? *If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.* ☐ YES ☐ NO

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) *If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.* ☐ YES ☐ NO

Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, and half-sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relativeworks. ☐ YES ☐ NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service? ☐ YES ☐ NO

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

Certifications / Additional Questions

APPLICANT: If you are applying for a position and received a tentative/conditional job offer or have not yet been selected, carefully review your answers on this form and any attached sheets.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. **I certify** that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. **I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment.** I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. **I consent** to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. **I understand** that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

- 17a. Applicant's Signature: _____ Date: _____
(MM / DD / YYYY)
- 17b. Appointee's Signature: _____ Date: _____
(MM / DD / YYYY)

Appointing Officer:

Enter Date of Appointment or Conversion
MM / DD / YYYY

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

- 18a. When did you leave your last Federal job? _____ Date: _____
(MM / DD / YYYY)
- 18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? ☐ YES ☐ NO ☐ DO NOT KNOW
- 18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled. ☐ YES ☐ NO ☐ DO NOT KNOW

CUI (when filled in)**SPECIAL AGREEMENT CHECKS (SAC)**OFI FORM 86C
MAY 2010U.S. OFFICE OF PERSONNEL MANAGEMENT
INVESTIGATIVE SERVICES

Agency Agreement Number	OPM USE ONLY	OPM Codes	Case Number
-------------------------	--------------	-----------	-------------

1. SUBJECT'S FULL NAME				2. DATE OF BIRTH	
Last Name	First Name	Middle Name	Abbrev.	Month	Day Year
3. PLACE OF BIRTH · Use the 2 letter code for the state				4. SOCIAL SECURITY NUMBER	
City	County	State	Country		
5. OTHER NAMES AND DATES WHEN USED					
Name		Month/Year	Month/Year	Name	
		To		Month/Year	
				To	
Name		Month/Year	Month/Year	Name	
		To		Month/Year	
				To	
6. SEX (Mark one box)		7. SPECIAL AGREEMENT CODES		8. POSITION TITLE	
<input type="checkbox"/> Female <input type="checkbox"/> Male		8, B		VOLUNTEER, YOUTH SPORTS & FITNESS	
9	10	11 IPAC-ALC	12 ACCOUNTING DATA		
SON	SOI	NUMBER			
13. OTHER INFORMATION REQUIRED BY AGREEMENT					

(**CODE 8**) Child Care searches– Complete additional information needed for State Criminal History Repository checks. Fill in subject's address for every place lived in the past 5 years, beginning with the present (#1) and working backwards. If additional space is needed, attach a continuation sheet to this form.

Month/Year to Month/Year	Street Address	Apt. #	City	State	Zip
1. to					
Month/Year to Month/Year	Street Address	Apt. #	City	State	Zip
2. to					
Month/Year to Month/Year	Street Address	Apt. #	City	State	Zip
3. to					
Month/Year to Month/Year	Street Address	Apt. #	City	State	Zip
4. to					
Month/Year to Month/Year	Street Address	Apt. #	City	State	Zip
5. to					
Month/Year to Month/Year	Street Address	Apt. #	City	State	Zip
6. to					
Month/Year to Month/Year	Street Address	Apt. #	City	State	Zip
7. to					

14 Requesting Official Name and Title	Signature	Telephone Number (including area code)	Date
---------------------------------------	-----------	--	------

CUI (when filled in)

Defense Counterintelligence & Security Agency Childcare Agency Guide

*Mark all states below in which you have lived in the last two years,
and complete additional forms listed for those states.*

State	Additional Forms
<input type="checkbox"/> Alabama	Alabama Request Form Copy of Photo Id OPM General Release
<input type="checkbox"/> Alaska	SF87 or FD258 FP Card
<input type="checkbox"/> Arizona	<i>None</i>
<input type="checkbox"/> Arkansas	Arkansas Request Form OPM General Release
<input type="checkbox"/> California	SF87 or FD258 FP Card
<input type="checkbox"/> Colorado	SF87 or FD258 FP Card
<input type="checkbox"/> Connecticut	<i>None</i>
<input type="checkbox"/> Delaware	OPM General Release SF87 or FD258 FP Card
<input type="checkbox"/> District of Columbia	<i>None</i>
<input type="checkbox"/> Florida	<i>None</i>
<input type="checkbox"/> Georgia	<i>None</i>
<input type="checkbox"/> Hawaii	<i>None</i>
<input type="checkbox"/> Idaho	SF87 or FD258 FP Card
<input type="checkbox"/> Illinois	Illinois State FP Card OPM General Release
<input type="checkbox"/> Indiana	Indiana State Form
<input type="checkbox"/> Iowa	Iowa Request Form OPM General Release
<input type="checkbox"/> Kansas	SF87 or FD258 FP Card
<input type="checkbox"/> Kentucky	Kentucky Request Form OPM General Release
<input type="checkbox"/> Louisiana	<i>None</i>
<input type="checkbox"/> Maine	<i>None</i>
<input type="checkbox"/> Maryland	<i>None</i>
<input type="checkbox"/> Massachusetts	<i>None</i>
<input type="checkbox"/> Michigan	SF87 or FD258 FP Card
<input type="checkbox"/> Minnesota	Minnesota Request Form
<input type="checkbox"/> Mississippi	Mississippi Release Info Form OPM General Release
<input type="checkbox"/> Missouri	SF87 or FD258 FP Card
<input type="checkbox"/> Montana	SF87 or FD258 FP Card

State	Additional Forms
<input type="checkbox"/> Nebraska	<i>None</i>
<input type="checkbox"/> Nevada	OPM General Release SF87 or FD258 FP Card
<input type="checkbox"/> New Hampshire	New Hampshire Request Form OPM General Release
<input type="checkbox"/> New Jersey	New Jersey Request Form
<input type="checkbox"/> New Mexico	New Mexico Request Form OPM General Release
<input type="checkbox"/> New York	New York Authorization Form SF87 or FD258 FP Card
<input type="checkbox"/> North Carolina	SF87 or FD258 FP Card
<input type="checkbox"/> North Dakota	OPM General Release
<input type="checkbox"/> Ohio	Ohio Request Form Ohio State FP Card
<input type="checkbox"/> Oklahoma	<i>None</i>
<input type="checkbox"/> Oregon	<i>None</i>
<input type="checkbox"/> Pennsylvania	<i>None</i>
<input type="checkbox"/> Rhode Island	Rhode Island Request Form OPM General Release
<input type="checkbox"/> South Carolina	<i>None</i>
<input type="checkbox"/> South Dakota	OPM General Release SF87 or FD258 FP Card South Dakota Request Form
<input type="checkbox"/> Tennessee	SF87 or FD258 FP Card Tennessee Request Form
<input type="checkbox"/> Texas	SF87 or FD258 FP Card Texas Consent Form
<input type="checkbox"/> Utah	SF87 or FD258 FP Card
<input type="checkbox"/> Vermont	<i>None</i>
<input type="checkbox"/> Virginia	<i>None</i>
<input type="checkbox"/> Washington	<i>None</i>
<input type="checkbox"/> West Virginia	SF87 or FD258 FP Card
<input type="checkbox"/> Wisconsin	<i>None</i>
<input type="checkbox"/> Wyoming	FD258 FP Cards x2 OPM General Release