

Ramstein & Vogelweh Youth Sports

Coach Application Packet

DEPARTMENT OF THE AIR FORCE



YOUTH PROGRAMS

COACH PACKET: Read and sign the attached documents in the packet with **WET** or **DIGITAL** signatures. Bring completed packet to the Ramstein Youth Sports office or email to 86fss.ryp@us.af.mil

IRC/BACKGROUND CHECKS AND FINGERPRINTS: Fingerprints **MUST** be completed with the NAF Human Resources Office. Once your packet has been turned into the Youth Sports Office on Ramstein, you will need to schedule an appointment with NAF HR to complete fingerprints.

Volunteer coaches must submit volunteer packets on time and your background check must come back **CLEARED** to be able to coach.

Must attend **MANDATORY** Coaches Meeting & Training provided by Youth Sports.

Point of Contact Information

Ramstein Youth Sports, Bldg. 428

DSN: 480-5660 CIV: 06371-47-5660

Ramstein Human Resources Office,
Bldg. 2118

DSN: 480-2672 CIV: 06371-47-2672



RAMSTEIN & VOGELWEH YOUTH SPORTS VOLUNTEER COACH APPLICATION FORM



Personal Information

Last Name, First Name, MI: DEROS:

APO Address: City/State: Zip:

Cell Phone: DSN:

Personal Email: Work Email:

Organization/
Office Symbol: Active Duty Civilian Rank:

Child(ren) participating? YES or NO
If so, name(s)
and ages:

I would like to be: Head Coach Assistant Coach Coach with:

Coaching

Years experience: 0 1-2 3-4 5+ Shirt Size: S M L XL 2XL 3XL

Sports Coaching For:

Soccer Softball Boys Basketball Girls Basketball

Cheerleading Flag Football Baseball Volleyball

Preferred Age Group:

5-6 year olds 7-8 year olds 9-10 year olds 11-12 year olds 13-15 year olds

Preferred Coaching Location: **Preferred Practice Days:**

Ramstein Vogelweh Mon/Wed Tues/Thurs

Acknowledgement

I UNDERSTAND AS A YOUTH SPORTS COACH I WILL BE REQUIRED TO ATTEND A NATIONAL CERTIFICATION CLINIC (NAYS) AND A INSTALLATION RECORDS CHECK WILL BE COMPLETED BY YOUTH SPORTS PROGRAMS TO ENSURE SUITABILTY FOR YOUTH COACHING. I UNDERSTAND THAT IF MY BACKGROUND CHECK DOES NOT COME BACK FAVORABLE, I WILL NOT BE ABLE TO COACH WITH RAMSTEIN AND VOGELWEH YOUTH SPORTS.

Signature: Date:

FOR OFFICIAL USE ONLY

VOLUNTEER AGREEMENT FOR

D APPROPRIATED FUND ACTIVITIES

0 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 AFDP, Family Services Volunteer and Request Record (at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/5698136-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 I • GENERAL INFORMATION

1. NAME OF VOLUNTEER <i>(Last, First, Middle initial)</i>	2. NAME OF PARENT/GUARDIAN <i>(If volunteer is under age 18) (Last, First, Middle Initial)</i>	3. VOLUNTEER IS (Select one) <input type="checkbox"/> AGE 18 OR OVER <input type="checkbox"/> UNDER AGE 18
4. TELEPHONE NUMBER <i>(Include Area Code)</i>		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
Ramstein AB	FSS	Youth Sports	3	6

11. DESCRIPTION OF VOLUNTEER SERVICES:

Youth Sports coach who can practice 2 times a week with games on Saturday. To help teach the fundamentals of the sport of choice.

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 <i>(if volunteer is under age 18)</i>	c. DATE SIGNED (YYYYMMDD)
13.a. 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 AND SIGNED BY VOLUNTEER

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

86 FSS Ramstein & Vogelweh Youth Sports Volunteer Job Description

A. **JOB TITLE:** Youth Sports Coach

B. **STAFF COORDINATOR:** Sports Director

C. **VOLUNTEER JOB SUMMARY:** The youth sports coach will teach the skills and fundamentals of a sport, develop team play, teach character counts, and encourage all players to enjoy and participate in athletic endeavors.

D. RESPONSIBILITIES:

1. Teach the proper skills needed to participate in the sport.
2. Teach the fundamentals of rules, strategies and procedures.
3. Work with each athlete on the team from the most highly skilled to the least skilled. All players are given equal attention.
4. Teach six points of character counts: trustworthiness, respect, responsibility, fairness, caring, and citizenship.
5. Officiate during appointed games.
6. Be present at all practices and games at least 15 minutes before the scheduled starting time. If a coach cannot be present, he/she must appoint an adult to take his/her place. The coach must also inform the Youth Sports Director.
7. Keep players and parents informed of all practice and/or game times and any changes in the schedule.
8. Ensure that equipment and facilities meet safety standards and are appropriate to the size, age, and ability of the players.
9. Keep winning in perspectives. Never ridicule or yell at children for making mistakes or losing a game.
10. Become thoroughly familiar with the rules and fundamentals of the sport.
11. Be responsible in demands placed upon young athletes' time, energy and enthusiasm.
12. Function only within limits of your volunteer status. You may not remove players from the team; exchange players between teams; make exceptions to age requirements; allow unregistered players to participate; promise parents that their child will play on your team; or schedule competitions with off-base teams without approval of the Youth Sports Director.

Print Name:

Applicant's signature:

Date:

Volunteer Vaccination Record

Please provide your Vaccination Administration Record with your volunteer packet.

The following vaccines must have been administered:

Flu Influenza - must have previous flu season's vaccine

Td or TDAP tetanus diphtheria, pertussis

Pneumococcal

Meningococcal

MMR measles

HPV - Human papilloma virus

Hepatitis A

Hepatitis B

Hib Haemophilus influenza Type b

Reference Check

Please provide three references Youth Sports staff may contact to determine volunteer suitability and who can speak to your character. Preferably, someone in the local area (KMC/Germany) to make the process more efficient. Relatives may **NOT** be a reference. Two references must respond in order for you to coach with Ramstein and Vogelweh Youth Sports.

Reference #1

Name:

Phone:

Email:

Reference # 2

Name:

Phone:

Email:

Reference # 3

Name:

Phone:

Email:

Date:

SUBJECT: Volunteer/Coach First Aid and CPR Training requirement.

I, _____ have completed the online CPR, First Aid, and
Blood Borne Pathogens training at:

http://www.ecprcertification.com/?m_sckld=fc74fc48a32316f347fda6201fbef31a

I acknowledge that this training does NOT CERTIFY me in CPR and First Aid, however, it does fulfill the Requirements of having all volunteer coaches TRAINED in CPR and First Aid.

Volunteer's Full Name

Volunteer's Signature

****PLEASE PROVIDE A SCREEN SHOT OF THE COMPLETED TRAINING OR A COPY OF YOUR
CURRENT CPR/FIRST AID TRAINING CERTIFICATE/CARD****

How to Complete Installation Records Check (IRC)

1. **Basic Criminal History & Statement of Admission DD Form 2981:**
Fill out & check **Block 1, 2, 3.**
Block 4. Ramstein AB Youth Programs
Block 5. Put the first day of the sports season
Block 6. **Thoroughly read instructions for Block 6.** Check yes or no for each offense. If yes please explain in the section below.
Block 7. Sign section 7a & date section 7b (**wet or digital signature - DO NOT JUST TYPE YOUR NAME IN**)
Block 8. This section is completed in the years to follow. Leave blank if this is your first year coaching with us.
Block 9. (page 2) Use this space to enter additional comments in reference to section 6.
Block 10. Sign section 10a & date section b at the bottom of the page (**wet or digital signature - DO NOT JUST TYPE YOUR NAME IN**)
Block 11. Only to be signed if Volunteer is under the age of 18. Leave blank otherwise.
2. **EQIP:** Complete the whole form prior to arrival for your fingerprint appointment. This is required.
3. **DD Form 3058:** Fill in your information in section 1. We will need your name, SSN, Place of Birth (CITY & STATE), Date of Birth, and address. Section 2 will need to be completed by you as well. Section 3: enter the first day of the season you are trying to volunteer for.
4. You will then call the NAF Human Resources Office to make an appointment for Fingerprints and turn in your completed forms with a NAF HRO employee in Building 2118.

CONTACT INFORMATION FOR NAF HUMAN RESOURCES OFFICE:

DSN: 480-2672

COMMERCIAL: 06371-47-2672

**EQIP AND FINGERPRINT REQUEST
(PLEASE TYPE INFORMATION)**

FULL NAME:

FIRST MIDDLE LAST

SUFFIX

SSN:

SEX

 M F

UNDERLINE:

PRIOR MILITARY?

 Y N

PRIOR FEDERAL EMPLOYEE?

 Y N

DATE OF BIRTH

(YYYYMONDD):

PLACE OF BIRTH (SELF):

CITY, STATE

COUNTRY OF CITIZENSHIP

PLACE OF BIRTH (MOTHER):

CITY, STATE

COUNTRY OF CITIZENSHIP

PLACE OF BIRTH (FATHER):

CITY, STATE

COUNTRY OF CITIZENSHIP

EMAIL:

POSITION TITLE:

FACILITY:

RACE: (PLEASE CHECK THE MOST APPLICABLE)

WHITE

ASIAN

BLACK

AMERICAN INDIAN

OTHER

EYE COLOR: (PLEASE CHECK THE MOST APPLICABLE)

BLACK

BROWN

HAZEL

BLUE

GRAY

GREEN

OTHER

HAIR COLOR: (PLEASE CHECK THE MOST APPLICABLE)

BROWN

BLACK

ORANGE

GRAY

RED

SANDY

WHITE

BALD

BLONDE

OTHER

HEIGHT: (IN FEET)

WEIGHT: (IN POUNDS)

OTHER NAMES USED (IF APPLICABLE)

PHYSICAL ADDRESS (NO APO ADDRESSES) STREET, CITY, ZIP

**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	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)
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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)

DEPARTMENT OF DEFENSE CONSENT TO CONDUCT INSTALLATION RECORDS CHECK (IRC)	OMB No. 0704-0586 OMB Approval Expires: 20261130
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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.

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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.

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, OR Country, if born outside the US)	4. DATE OF BIRTH (YYYYMMDD)	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)

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 domestic abuse) maintained in the FAP Central Registry to include US State specific Child Abuse/Neglect registries. 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.

7a. PRINT NAME (Subject or Parent/Legal Guardian)	7b. DATE (YYYYMMDD)	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) (YYYYMMDD)		
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 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		

SECTION IV. INSTALLATION RECORDS CHECK *(To be completed based on service specific procedures)*

9. FAMILY ADVOCACY PROGRAM

Type of Check: Initial: Annual: 5 Year Check:

Date initiated: (YYYYMMDD) _____ Date Completed: (YYYYMMDD) _____

No record of applicant Record on file

Met criteria incident found: Yes No

Remarks: _____

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

9a. Printed Name of Certifying Official: _____

9b. Signature: _____ Date: (YYYYMMDD) _____

10. INSTALLATION LAW ENFORCEMENT

Type of Check: Initial: Annual: 5 Year Check:

Date initiated: (YYYYMMDD) _____ Date Completed: (YYYYMMDD) _____

No record of applicant: Record on file:

Any derogatory information found: Yes No

Remarks: _____

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

10a. Printed Name and Title: _____

10b. Signature: _____ Date: (YYYYMMDD) _____

11. DEFENSE CENTRAL INDEX OF INVESTIGATIONS (DCII) *(Optional check)*

Type of Check: Initial: Annual: 5 Year Check:

Date initiated: (YYYYMMDD) _____ Date Completed: (YYYYMMDD) _____

No record of applicant: Record on file:

Any derogatory information found: Yes No

Remarks: _____

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

11a. Printed Name and Title: _____

11b. Signature: _____ Date: (YYYYMMDD) _____