

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:	<input type="checkbox"/> Active Duty <input type="checkbox"/> Civilian	Rank:
Child(ren) participating? <input type="checkbox"/> YES or <input type="checkbox"/> NO		
If so, name(s) and ages:		
I would like to be: Head Coach Assistant Coach Coach with:		
Coaching		
Years experience: <input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+		
Shirt Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL		
Sports Coaching For:		
<input type="checkbox"/> Soccer	<input type="checkbox"/> Softball	<input type="checkbox"/> Boys Basketball
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Flag Football	<input type="checkbox"/> Girls Basketball
<input type="checkbox"/> Baseball	<input type="checkbox"/> Volleyball	
Preferred Age Group:		
<input type="checkbox"/> 5-6 year olds	<input type="checkbox"/> 7-8 year olds	<input type="checkbox"/> 9-10 year olds
<input type="checkbox"/> 11-12 year olds	<input type="checkbox"/> 13-15 year olds	
Preferred Coaching Location:		Preferred Practice Days:
<input type="checkbox"/> Ramstein	<input type="checkbox"/> Vogelweh	<input type="checkbox"/> Mon/Wed <input type="checkbox"/> Tues/Thurs
Acknowledgement		
<p>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.</p>		
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 Ramstein AB	7. ORGANIZATION/UNIT WHERE SERVICE OCCURS FSS	8. PROGRAM WHERE SERVICE OCCURS Youth Sports	9. ANTICIPATED DAYS OF WEEK 3	10. ANTICIPATED HOURS 6
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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****