VOLUNTEER/CONTRACTOR APPLICATION FORM

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: TITLE 10, UNITED STATES CODE, SECTION 3013, AR 608-18, PARA 8-5

PRINCIPLE: INFORMATION PROVIDED IS USED TO PERFORM BACKGROUND RECORD CHECKS OF PROSPECTIVE VOLUNTEERS, PROVIDERS, CONTRACTORS, AND EDUCATIONAL RESOURCE PARTNERS WHO WILL HAVE REGULAR CONTACT WITH CHILDREN UNDER 18 YEARS OLD.

ROUTINE: INDENTIFYING INFORMATION IS USED TO CONDUCTS BACKGROUND RECORD CHECKS OF PROSPECTIVE VOLUNTEERS, PROVIDERS, CONTRACTORS, AND EDUCATIONAL RESOURCE PARTNERS. NO INFORMATION IS DISCLOSED OUTSIDE OF THE DEPARTMENT OF DEFENSE.

DISCLOSURE: DISCLOSURE OF ALL INFORMATION IS VOLUNTARY. HOWEVER, MISSING OR INCOMPLETE INFORMATION COULD RESULT IN APPLICANT NOT BEING PLACED.

ALL ITEMS BELOW MUST BE COMPLETED

NAME: _____
LAST FIRST MIDDLE MAIDEN/ALIAS

CURRENT ADDRESS (must include Country, City, State, Street and Zip Code)

_____ STATE: _____

ZIP CODE: _____ COUNTRY: _____

PRIMARY PHONE#: _____ SECONDARY PHONE#: _____

DATE OF BIRTH: _____ (MM/DD/YYYY)

PLACE OF BIRTH: Country: _____, City: _____, State: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

PRIMARY EMAIL: _____ SECONDARY EMAIL: _____

CIVILIAN: _____ (Check if you are non-military or spouse/family member of service member)

BRANCH OF SERVICE (If you or your spouse is in the military): _____

ORGANIZATION/UNIT: _____ RANK: _____

INTERESTED IN (circle one): COACHING YOUTH SPORTS VOLUNTEERING THERAPIST

FOR COACHES ONLY – WHAT SPORT ARE YOU INTERESTED IN COACHING: _____

_____

I CERTIFY THAT ALL THE ANSWERS GIVEN BY ME TO ALL THE QUESTIONS ON THIS APPLICATION ARE TO THE BEST OF MY KNOWLEDGE TRUE AND THAT I HAVE NOT WITHELD ANY PERTINENT INFORMATION. I UNDERSTAND THAT ANY OMISSION, MISREPRESENTATION, OR FALSE INFORMATION SUBMITTED IN CONNECTION WITH THIS APPLICATION MAY RESULT IN REFUSAL OF A POSITION IN OR SUMMARY DISMISSAL FROM POSITION. I HEREBY AGREE THAT IN THE COUSE OF CONSIDERING MY APPLICATION, YOU MAY MAKE INQUIRY TO ASCERTAIN INFORMATION CONCERNING MY BACKGROUND.

I PROVIDE AUTHORIZATION TO CONDUCT A BACKGROUND CHECK IN ACCORDANCE WITH DoD INSTRUCTIONS AND ARMY REGULATIONS TO INCLUDE: ARMY SUBSTANCE ABUSE PROGRAM (ASAP), MEDICAL TREATMENT FACILITY (MTF), ARMY CENTRAL REGISTRY (ACR), CRIMINAL INVESTIGATION COMMAND (CID), FINGERPRINTING, AND CHILDCARE NATIONAL AGENCY CHECK (CONTRACTORS, COLUNTEERS PROVIDING LOSS ONLY).

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EXPERIENCE WORKING / VOLUNTEERING WITH CHILDREN/YOUTH:

PROVIDE TWO NON-FAMILY REFERENCES (NAME, PHONE#, EMAIL)

1. _____

2. _____

APPLICANT'S SIGNATURE: _____ DATE: _____