



COACH – VOLUNTEER- APPLICANT INFORMATION:

FORM MUST BE FILL OUT COMPLETELY AND LEGIBLE

SSN: _____

NAME: (LAST, FIRST, MIDDLE) _____

MAIDEN NAME: _____

BIRTH DATE: _____

BIRTH COUNTRY: _____

BIRTH STATE: _____

BIRTH CITY: _____

PRIMARY EMAIL: _____

SECONDARY EMAIL: _____

PRIMARY PHONE: _____

SECONDARY PHONE _____

CURRENT ADDRESS: (MUST INCLUDE STREET, CITY, STATE,

COUNTRY AND ZIP CODE):

SPORT INTERESTED IN COACHING _____



Department of the Army

RELEASE/CONSENT STATEMENT

PRIVACY ACT STATEMENT

AUTHORITY: 42 USC 13041 AND 10 USC 3013.

PRINCIPAL PURPOSE: TO COMPLY WITH REQUIREMENTS OF PUBLIC LAW 101-647, SECTION 231 (CRIME CONTROL ACT OF 1990), DoDI 1402.05 AND FOR NONAPPROPRIATED FUND, ARMY REGULATION (AR) 215-3.

ROUTINE USES: TO INITIATE THE BACKGROUND CHECK REQUIREMENTS OF THE STATUTE AND GOVERNING REGULATION.

Type or Print Name (Last, First MI):

Section I: Statement of Previous Arrest or Charge:

1. Have you ever been arrested for or charged with a crime involving a child? Yes No
2. Have you ever been asked to resign because of, or been decertified for, a sexual offense? Yes No
3. Have you ever been convicted of any offense against the law or forfeited collateral or are you now under charges for any offense against the law? (You may omit: (1) Traffic violations for which you paid a fine of \$300.00 or less unless the violation was alcohol or drug related, and (2) any offense committed before your 21st birthday **which was finally adjudicated in a juvenile court or under a youth offender law.**) Yes No

If you answer "yes" to any question above, describe the case disposition below. Include the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved; or if a **military action (to include Article 15)**, the military authority or court involved, and the final disposition of the case; to include fine(s)/amount paid, found guilty or not, loss of rank etc. Be sure to disclose any covered charges or incidents, even if they were expunged, and/or even if you have been advised by your attorney that you do not need to disclose them on employment forms, as they will be identified in the background check process. You must also disclose all covered incidents even if you did so on a previous consent and release form, Optional Form 306, Department of Army Form 3433, or other such document and/or if the incident was previously considered by a Program Review Board or otherwise adjudicated IAW Army guidance. If additional space is needed, please attach a separate sheet of paper as a continuation page and include your printed name at the top and signature and date at the bottom.

Date of Violation/Incident	Explanation of Violation/Incident or Charge	Place of Occurrence	Name and Address of Police Department or Court Involved	If Military, Military Authority or Court Involved	Final Disposition of the Case

RELEASE/CONSENT STATEMENT (Cont)

Type or Print Name (Last, First MI) _____

Section II: Statement of Understanding and Release:

1. I have been advised that my being hired or selected for, and continuing employment or service in a position having regular contact with children under the age of 18 will be based upon favorable completion of all required background checks. I understand that these may include:
 - a. Army Law Enforcement Reporting & Tracking System (ALERTS) // Defense Central Index of Investigations (DCII)
 - b. Army Substance Abuse Program (ASAP) to include records from the Substance Use Disorder Clinical Care (SUDCC) which may include that pertaining to my identity, diagnosis, or treatment from any Army record maintained in connection with alcohol or other drug abuse education, training, treatment, rehabilitation or research.
 - c. Medical Treatment Facilities (MTF) – Army Central Registry (ACR)
 - d. Federal Bureau of Investigation Fingerprint Special Agreement Check (FBI-FP-SAC)
 - e. State Criminal History Repository (SCHR) Checks for each state where I have resided for the last five years.
 - f. Any other records as appropriate and to the extent permitted by law.

2. I have been advised and understand that the above listed checks will be completed annually, or every three or five years (depending on the position) while I am employed/contracted/volunteering in a position that requires regular contact with children under the age of 18, and that these checks may also be completed to authenticate issues that surface during my employment or service. I understand that this consent does not expire and will be utilized to conduct these periodic reverification checks. I also understand that except to the extent such action has been taken, I can revoke my consent at any time but this will preclude my continued service in a child services position. I also understand that if the report of these checks contains adverse information, I have a right to challenge the accuracy or completeness of the information contained therein.

3. I understand that failure to disclose this information or provide consent precludes me from employment or continued service in a child services position, and may form the basis for withdrawal of a tentative (conditional) job offer, or removal from my position and/or the federal service.

Section III: Signature:

A false statement may result in adverse action up to and including removal. Under U.S. Code 1001, the federal punishment for perjury is fine or imprisonment for up to 5 years or both.

I declare under penalty of perjury that the information contained in this application form and any attachments or documents submitted in connection with my application for this position are true and correct to the best of my knowledge, information, and belief.

I hereby confirm my understanding of the information in this statement; and authorize the release of my name and Social Security Number for the purpose of conducting the required checks in Section II.

Signature

Date

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.

Signature

Date

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. 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.

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.

NAME OF MEDCEN/MEDDAC COMMANDER OR DESIGNATED REPRESENTATIVE (Type or print)	DATE
SIGNATURE	

IMCOM G9 CYS VOLUNTEER SPORTS AND FITNESS COACH JOB DESCRIPTION



UNITED STATES ARMY
CHILD & YOUTH SERVICES

- Organization:** IMCOM-G9, Child and Youth Services (CYS) Sports and Fitness (SF)
- 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 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 Code of Conduct) and abide by the CYS philosophy.
- Time Required:** Practices are generally held during the period
Monday-Friday: 1700-1900
Note: Practices must be conducted IAW CYS Services guidance

Games are generally held Saturday: 0800-1700
Note: Average -one game per week; times vary.
- Benefits:** Program is designed to promote positive attitudes and reinforce CYS 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-G9 Child and Youth Services (CYS) Sports and Fitness Requirements

**IMCOM G9 CYS VOLUNTEER SPORTS AND FITNESS COACH JOB
DESCRIPTION**

- 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
Background/clearance check IAW CYS guidance
- Qualification:** CYS Youth Sports and Fitness Director
- Supervisor:** CYS Volunteer Coaches will receive feedback through the CYS
Youth Sports & Fitness Director.
- Assessment:** Must be available approximately 4-8 hours per week

CYS YSF Supervisor Signature:

CYS Youth Sports and Fitness Director

Coach Volunteer Signature:

CYS Sports and Fitness Volunteer

Contact Information : (INFORMATION BELOW: NAME, EMAIL, and PHONE)

CYS Youth Sports and Fitness -Bringing out the best in youth!

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: IDENTIFYING INFORMATION IS USED TO CONDUCT 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

ADDRESS: _____ **CITY:** _____ **STATE:** _____

ZIP CODE: _____ **PHONE #:** _____

DATE OF BIRTH: _____ **PLACE OF BIRTH (City & State/Country):** _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ **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:** _____

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 WITHHELD 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 COURSE 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, VOLUNTEERS PROVIDING LOSS ONLY).

APPLICANT'S SIGNATURE: _____ **DATE:** _____

EXPERIENCE WORKING/VOLUNTEERING WITH CHILDREN/YOUTH:

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

1. _____

2. _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

Fingerprint Information Worksheet

SECTION I - GARRISON INFORMATION AND INSTRUCTIONS

This document is intended to help you obtain your child services background check fingerprints in the most expedient manner possible. You must present this form to the Security Office to be fingerprinted. To start the process, contact your local Security Office to schedule an appointment for fingerprinting.

- * For volunteers, short term contractors and "others" fingerprints MUST be completed before submitting work order ticket.
- * All other categories, fingerprints must be taken within seven (7) calendar days of receipt of this form.

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Driving directions:

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HOURS OF OPERATION	PHONE NUMBER	ADDRESS

CONTACT INFORMATION AT SPOKE LOCATION FOR FINGERPRINTING

GARRISON	NAME	PHONE	EMAIL ADDRESS

SECTION II - SUBJECT'S INFORMATION

LAST NAME	FIRST NAME	MI

SECTION III - BCA CONTACT INFORMATION FOR BACKGROUND CHECK PROCESSING

GARRISON	NAME	PHONE	EMAIL ADDRESS

SECTION IV - REQUESTER INFORMATION

DIGITAL SIGNATURE
DATE

SECTION V - ADDITIONAL FP REQUIREMENTS

Additional Cards Needed?	For which states? (Also see attached chart)	
Select One	FBI Live Scan	
SOI/SON	UIC	IPAC
Z227	W6BDAA	DA-Army

SECTION VI - CDE/SECURITY AGENCY USE ONLY (Return via email to Requestor)

PRINTED NAME	SIGNATURE	DATE COMPLETED

VOLUNTEER AGREEMENT FOR

APPROPRIATED FUND ACTIVITIES

NONAPPROPRIATED FUND INSTRUMENTALITIES

PRIVACY ACT STATEMENT

AUTHORITY: Section 1588 of Title 10, U.S. Code, and E.O. 9397.

PRINCIPAL PURPOSE(S): To document voluntary services provided by an individual, including the hours of service performed, and to obtain agreement from the volunteer on the conditions for accepting the performance of voluntary service.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however failure to complete the form may result in an inability to accept voluntary services or an inability to document the type of voluntary services and hours performed.

PART I - GENERAL INFORMATION

1. TYPED NAME OF VOLUNTEER <i>(Last, First, Middle Initial)</i>		2. SSN	3. DATE OF BIRTH <i>(YYYYMMDD)</i>
4. INSTALLATION		5. ORGANIZATION/UNIT WHERE SERVICE OCCURS	
6. PROGRAM WHERE SERVICE OCCURS	7. ANTICIPATED DAYS OF WEEK	8. ANTICIPATED HOURS	
9. DESCRIPTION OF VOLUNTEER SERVICES			

PART II - VOLUNTEER IN APPROPRIATED FUND ACTIVITIES

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

PART III - VOLUNTEER IN NONAPPROPRIATED FUND INSTRUMENTALITIES

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

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

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

BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION
(Department of Defense Child Care Services Programs)

OMB No. 0704-0516
 OMB approval expires:
 September 30, 2021

The public reporting burden for this collection of information, OMB Control Number 0704-0516, 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 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.

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 10450 and/or 34 U.S. Code § 20351; DoD Instruction 1402.05, Criminal History Background Checks on Individuals in 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 require individuals who come into regular, reoccurring contact with children under the age of 18 years to self-report any arrests, charges or convictions that would keep the individual from obtaining or maintaining a favorable suitability or fitness determination. Programs impacted are referenced within the 34 U.S. Code § 20351 and include impacted individuals such as employees, DoD contractors, family child care providers, adults residing in a family child care home, volunteers, and others with regular reoccurring contact with children. Individuals who work or volunteer in DoD Child Development and Youth Programs must annually self-report changes to his or her status utilizing this form. All individuals required to complete this form must immediately self-report to their employer/supervisor if they are arrested, charged, convicted, or met criteria for any offense listed on the form. When completed, records are covered by one of the appropriate SORNs:

Army: <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570012/a0215-fmwr.aspx>

Navy: <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570428/nm01754-3.aspx>

Air Force: <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569755/f034-af-sva-cl>

ROUTINE USES: This form will be initiated by DoD staff and will be maintained in the initiating DoD offices and/or appropriate Human Resources or Security Offices. Information received as a result of this release may be used to assess interim/on-going or final suitability or fitness for DoD personnel working with children. ONLY DoD Child Development and Youth programs are required to update and sign annually. A copy of the form is maintained in the staff member's personnel file. The DoD "Blanket Routine Uses" found at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/Blanket-Routine-Uses/> may apply to these records.

DISCLOSURE: Voluntary; however, failure to furnish all requested information may result in an unfavorable adjudication decision and may affect suitability/fitness.

1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements.)	2. OTHER NAME(S) USED	
3. DATE OF BIRTH (MM/DD/YYYY)	4. INSTALLATION/PROGRAM NAME	5. DATE OF HIRE

6. Have you been arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law, Military law, State law, County or Municipal law, or met the Family Advocacy criteria for child maltreatment? (Do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.) (X one) Mark Yes or No for each category. If you answered "Yes," explain your answer in the space provided below or on the back of the form in block 9.

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		

(1) MONTH/ YEAR	(2) OFFENSE	(3) ACTION TAKEN	(4) COURT (City & Country if outside the United States)	(5) STATE	(6) ZIP CODE

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 arrested, charged, convicted, or met criteria for any offense referenced in block 6.

a. SIGNATURE	b. DATE (YYYYMMDD)
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8. ANNUAL CERTIFICATIONS (Required by Child Development and Youth Program Staff and Volunteers)
 In the past year, have you been arrested, apprehended, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law, Military law, State law, County or Municipal law or met the Family Advocacy criteria for child maltreatment.

Failure to disclose accurate information may be grounds for dismissal, termination, or disbarment from participating in the program.

a. 2nd YEAR <i>(Yes or No)</i>	(1) SIGNATURE	(2) DATE <i>(YYYYMMDD)</i>	b. 3rd YEAR <i>(Yes or No)</i>	(1) SIGNATURE	(2) DATE <i>(YYYYMMDD)</i>
c. 4th YEAR <i>(Yes or No)</i>	(1) SIGNATURE	(2) DATE <i>(YYYYMMDD)</i>	d. 5th YEAR <i>(Yes or No)</i>	(1) SIGNATURE	(2) DATE <i>(YYYYMMDD)</i>

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, and/or state agencies, and/or foreign governments, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Investigation Service (DIS), 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 upon 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 competencies 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 confidential, and disclosure limited to purposes authorized under the Privacy Act - mainly to conduct 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 compliance, or any 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.

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)

INSTRUCTIONS

This Department of Defense Form is to be completed by prospective employees, volunteers, DoD Contractors, FCC providers, and adults residing in the 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 arrested, charged, or convicted by Federal, State, or other Local authorities for any violation of any Federal law, Military law, State law, County or Municipal law, Regulation or Ordinance, nor have they been 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. Employees and volunteers of DoD Child Development and Youth Programs must update this form on an annual basis.

Completion of this form is voluntary; however, failure to furnish all requested information may result in an unfavorable adjudication decision and may affect suitability of working with or around children.

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 or DoD program where you seek employment or to volunteer; if operating a FCC program, or residing in a FCC home, provide the location of the FCC home.
5. Provide the date of hire.
6. Place an X in the appropriate box if you have or have not been convicted by Federal, State, or local authorities for any violation of any Federal law, Military law, State law, County or Municipal law, Regulation or Ordinance, or met the Family Advocacy criteria for child maltreatment? *(Do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.)*

If you answered "Yes," explain your answer in the space provided below.

If additional space is needed, use block 9.

7. *Sign and Date.*
8. On an annual basis, circle the appropriate response indicating if you have been arrested, apprehended, charged, or convicted by Federal, State, or local authorities for any violation of any Federal, Military, State or local Authorities or met the Family Advocacy criteria for child maltreatment. Applies to employees and volunteers of DoD Child Development and Youth Programs.
9. Use this space for additional comments, if needed, for Blocks 6 and 8.
10. Sign and date.