

**Please fill out the packet electronically, if at all possible.
Initials and Signatures need to be in Black ink.**

**If you cannot fill it out electronically, than it needs to
be printed in black ink only**

**You will receive an email from
Mrs. Angelika Schmidt
with a BCA Ticket attached to go get Finger printed
once your packet has been submitted.**

You must do so within 2 days.

**!!! If the CSSC office does not receive
your fingerprints within 14 days of
submission, they will cancel and return
your packet and it has to be redone. !!!**

Teen Volunteer

IMBL-MWC

packet updated 10-26-2017

SUBJECT: VOL-COA-FCC-CON Reference Release

1. In accordance with AR 608-10, Child and Youth Services (CYS) has my permission to obtain information from the following agencies for the purpose of completing the screening procedures required to obtain a Family Child Care License, Contracting with YESS to teach a SKIES Class, or volunteering. These Agencies include: The sponsor's Company Commander, School Guidance Counselor, Family Advocacy Case Management Team, Alcohol and Drug Abuse Prevention Control Division, CID/CDII. Personal References, FBI checks, state, city and county criminal history records check.
2. It is understood that this information will be used to process a license application, determine employment or volunteer placement, and will not be released to other individuals or agencies.
3. Failure to provide this information on the application or failure to allow Relinquishment of information will cause the application to be rejected.

TEEN VOLUNTEER'S PRINTED LAST, FIRST & MIDDLE NAME

ALIAS (MAIDEN NAME OR OTHER NAMES USED)

PHONE/CELL ALTERNATE NUMBER

APPLICANT'S COMPLETE ADDRESS

(INCLUDE ZIP CODE)

COUNTRY; STATE; CITY OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NUMBER (SSN)

EMAIL ADDRESS

APPLICANT'S SIGNATURE

DATE

NAME OF SCHOOL CURRENTLY ATTENDING (TEENS ONLY)

Do not list your spouse or family members as references.

You must list your last 2 supervisors if applying for a paid position.

Reference #1 Full Name, Telephone Number, Relationship

Reference #2 Full Name, Telephone Number, Relationship

Reference #3 Full Name, Telephone Number, Relationship

Reference #4 Full Name, Telephone Number, Relationship



CYS – Volunteer Job Description

- Youth 13 and older will work at the CYS CDC Facilities
- Works directly with children as they assists staff in carrying out Lesson plans, playing games, singing songs, reading books, doing art projects, cooking projects, playing in the sand and water etc.
- Assists with housekeeping chores
- Assists with family style dinning
- Assists with the coordination between the room and kitchen, office, and supply room etc.
- Assists in making the area warm caring home away from home.

Upon Volunteering Volunteer will receive an orientation to the center and be given an overview of their responsibilities and dress code

Pat Smith

CYS COORDINATOR SIGNATURE

Pat Smith

CYS COORDINATOR PRINTED NAME

2 References
On Form DA 3439

(Facility will fill those out and add to packet)

and
School Counselor
Are needed

VOLUNTEER AGREEMENT FOR				
<input type="checkbox"/> APPROPRIATED FUND ACTIVITIES		<input checked="" type="checkbox"/> NONAPPROPRIATED FUND INSTRUMENTALITIES		
PART I - GENERAL INFORMATION				
1. TYPED NAME OF VOLUNTEER (Last, First, Middle Initial) ✓			2. YEAR OF BIRTH ✓	
3. INSTALLATION FORT BLISS		4. ORGANIZATION/UNIT WHERE SERVICE OCCURS CHILD & YOUTH SERVICES		
5. PROGRAM WHERE SERVICE OCCURS ✓ Facility:		6. ANTICIPATED DAYS OF WEEK		7. ANTICIPATED HOURS
8. DESCRIPTION OF VOLUNTEER SERVICES ✓ Position:				
PART II - VOLUNTEER IN APPROPRIATED FUND ACTIVITIES				
9. 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 N/A			b. DATE SIGNED (YYYYMMDD) N/A	
10.a. TYPED NAME OF ACCEPTING OFFICIAL (Last, First, Middle Initial) N/A		b. SIGNATURE N/A		c. DATE SIGNED (YYYYMMDD) N/A
PART III - VOLUNTEER IN NONAPPROPRIATED FUND INSTRUMENTALITIES				
11. 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 (YYYYMMDD) ✓	
12.a. TYPED NAME OF ACCEPTING OFFICIAL (Last, First, Middle Initial) Director's Name		b. SIGNATURE Director's Signature ✓		c. DATE SIGNED (YYYYMMDD) ✓
PART IV - TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR				
13. AMOUNT OF VOLUNTEER TIME DONATED				15. TERMINATION DATE (YYYYMMDD)
a. YEARS (2,087 hours=1 year)	b. WEEKS	c. DAYS	d. HOURS	
16.a. TYPED NAME OF SUPERVISOR (Last, First, Middle Initial)				c. DATE SIGNED (YYYYMMDD)
b. SIGNATURE				

VOLUNTEER SERVICE RECORD

For use of this form, see AR 608-1; the proponent agency is OACSIM.

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC Section 301, Department Regulations; 10 USC Section 3013, Secretary of the Army; and Army Regulation 608-1, Army Community Service Center.

PRINCIPAL PURPOSE: To record essential background information on volunteers to assist in determining qualifications and task assignments. To maintain record of positions held, hours volunteered, training and awards received.

ROUTINE USES: None. The "Blanket Routine Uses" set forth at the beginning of the Army's Complications of System of Records Notices apply to this system.

DISCLOSURE: Voluntary. However, failure to provide the requested information may exclude you from participating in the Army Community Service Volunteer Program.

INSTRUCTIONS: Upon resignation, retirement or transfer, the original of this record will be furnished for the personal file of the volunteer and a duplicate will be maintained at the organization for at least three years. In case of transfer, a duplicate record will be furnished to the gaining organization upon request of the volunteer.

1. NAME OF VOLUNTEER (<i>Last, First, MI</i>) ✓	2. HOME ADDRESS (<i>Street, City, State and ZIP Code</i>) ✓
3. EMAIL ADDRESS ✓	
4. TELEPHONE NUMBERS ✓ a. HOME b. WORK c. FAX	5. SEX ✓ <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE 6. DATE OF BIRTH (YYYYMMDD) ✓
7a. SPONSOR NAME ✓	7b. SPONSOR UNIT ADDRESS ✓

8. Mark all the demographic data that applies to the volunteer. Family members of service members should indicate the branch of service and status of the sponsor.

✓ ☐ SERVICE MEMBER ☐ ARMY ☐ AIR FORCE ☐ NAVY ☐ MARINE

☐ CIVILIAN EMPLOYEE (*APF and NAF*) ☐ OFFICER ☐ ENLISTED

☐ ADULT FAMILY MEMBER ☐ ACTIVE DUTY ☐ RETIRED

☐ YOUTH FAMILY MEMBER (*Under age 18 and unmarried*) ☐ RESERVE ☐ GUARD

☐ CIVILIAN (*Not connected with the military*) ☐ DECEASED

9. CHILDREN AT HOME ✓ <input type="checkbox"/> NONE <input type="checkbox"/> PRESCHOOL <input type="checkbox"/> IN SCHOOL	10. INITIAL COMMITMENT ✓ <input type="checkbox"/> ONE DAY EVENT <input type="checkbox"/> ONE MONTH EVENT <input type="checkbox"/> THREE MONTHS
11. EDUCATION ✓ <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE <input type="checkbox"/> ADVANCED DEGREE	<input type="checkbox"/> SIX MONTHS <input type="checkbox"/> NINE MONTHS <input type="checkbox"/> OTHER

12. WORK EXPERIENCE ✓	
13. VOLUNTEER EXPERIENCE ✓	

<div style="display: flex; justify-content: space-between; align-items: flex-start; padding: 5px;"> <div style="background-color: yellow; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">√</div> <div>14. SPECIAL SKILLS, INTEREST, HOBBIES</div> </div>													
15. POSITIONS HELD													
<div style="display: flex; align-items: center;"> <div style="background-color: yellow; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">√</div> <div>START DATE (YYYYMMDD)</div> </div>	TYPE OF POSITION						END DATE (YYYYMMDD)						
16. AWARDS AND SPECIAL RECOGNITION													
<div style="display: flex; align-items: center;"> <div style="background-color: yellow; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">√</div> <div>DATE (YYYYMMDD)</div> </div>	TYPE OF AWARD/SPECIAL RECOGNITION						PRESENTED AT						
17. TRAINING													
<div style="display: flex; align-items: center;"> <div style="background-color: yellow; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">√</div> <div>DATE (YYYYMMDD)</div> </div>	TYPE OF TRAINING						HOURS COMPLETED						
18. VOLUNTEER ANNUAL HOUR RECORD													
YEAR													
HOURS													
19a. SIGNATURE										19b. DATE (YYYYMMDD)			
<div style="display: flex; justify-content: space-between; align-items: flex-end; padding: 5px;"> <div style="background-color: yellow; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">√</div> </div>										<div style="display: flex; justify-content: space-between; align-items: flex-end; padding: 5px;"> <div style="background-color: yellow; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">√</div> </div>			

INSTALLATION MANAGEMENT COMMAND

BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION - CHILD SERVICES POSITIONS

This Self-Admission is being requested IAW Army Directive 2014-23 and DODI 1402.05, proponent is G9

PRIVACY ACT STATEMENT

AUTHORITY: 42 USC 13041 and 10 USC 3013, Public Law 101-647, Section 231 (Crime Control Act of 1990); DODI 1402.05 (Background Checks on Individuals in DoD Child Care Services Programs, 11 Sep 2015; Army Directive 2014-23 (Conduct of Screening and Background Checks For Individuals Who Have Regular Contact With Children in Army Programs); DODI 6060.02 (Child Development Programs (CDPs), 5 Aug 2014); DODI 6060.4 (DoD Youth Programs (YPs), 23 Aug 2004); DODI 1100.21, Voluntary Services in the Department of Defense; DODI 1400.25, Volume 731, DoD Civilian Personnel Management System: Suitability and Fitness Adjudication For Civilian Employees, August 24, 2012; DODI 1400.25, Subchapter 1403 (DoD Civilian Personnel Manual: Employment), December 1 1996, Incorporating Change 5, March 25, 2000; DODI 1400.25, Volume 1231, DoD /Civilian Personnel Management System: Employment of Foreign Nationals; and E.O. 9397(SSN), as amended; AR 608-18, The Army Family Advocacy.

PURPOSE: To assess the suitability of persons and to determine the loyalty, eligibility, and general trustworthiness of individuals working in child (i.e., children under 18 years of age) services positions. This form meets the initial pre-screening requirement and ongoing self-reporting requirements of the SA Directive 2014-23 and DODI 1402.05 for all child services positions and is used in lieu of the DD 2981.

ROUTINE USE: The DoD "Blanket Routine Users" set forth at the beginning of the Army's compilation of systems of records notices also apply to this system. Uses can be found online at: <http://dpcl.d.defense.gov/Privacy/SORNsIndex/blanketRoutineUses.aspx>.

DISCLOSURES: Voluntary; however, failure to furnish all requested information will result in disapproval of the child services application or continued service in child services position.

1. Name: (Last, First and Middle Name-Do not use initials or abridgements)

2. Other Name(s) Used:

3. Installation/Program Name:

4. Date of Hire: (to be filled out by FMgr)

INITIAL CERTIFICATION

5. **STATEMENT OF ADMISSION** Use your **initials** to mark yes or no for each category. Include all offenses, even if they were dismissed. If you answer "yes", explain your answer in block 6.

Initial in black ink
YES NO

a. Have you ever been arrested, apprehended, charged, convicted or had any other disposition of criminal charges (e.g., proceedings under the UCMJ (courts-martial or Article 15 non-judicial punishment)) by any Federal, State or other Law enforcement authorities for any violation of any Federal law, Military law, State law, County or Municipal law, Regulation or Ordinance? Do you have any pending criminal charges against you or are in a diversion program? (If you are 18 and above, do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.)

(1) Involving a Child (under age 18)

(2) Sex Crime

(3) Drug/Alcohol

(4) Domestic Violence

(5) Violent Crime/Assaultive Behavior

(6) Other

b. Have you ever been the subject of a substantiated child abuse/neglect case or are you currently the subject of an allegation of abuse/neglect?

c. For FCC/HOPS/Foster Care Providers: Have any of the individuals residing in your home ever been arrested, apprehended, charged or convicted for any of the offenses listed above?

N/A

6. Month/Year	Offense	Action Taken/Disposition	Law Enforcement Authority or Court	State	Zip Code

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

7. **Initial Certification** I certify the information provided above is accurate. I declare under penalty of perjury the statements made by me on this form are true, complete and correct.

8. **SELF REPORTING REQUIREMENT** In addition to this initial certification, I understand it is my responsibility to immediately inform my employer/supervisor if I am arrested, apprehended, charged or held for a crime or issue referenced in block 5 above.

WARNING: "False statements are punishable by law and could result in fines and/or imprisonment for up to five years."

Signature:

Date:



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 less than \$300.00 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
4. 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**, 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. 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)
- 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 every 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

IRCR 14 Sept 17

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 FT. Bliss
(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 Ft. Bliss CYSS

_____ for the purpose of _____
working with children at the Child Development Centers, Family Child Care, School Age Services, Middle School & Teens,
Youth Sports, Outreach Services, SKIES Contractor/Teacher or the School Liaison Office.

namely,

(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

PARENTAL PERMISSION

For use of this form, see AR 608-1; the proponent agency is OACSIM.

SECTION I

☒ I, _____ ☐ parent ☐ guardian, give my permission for
_____ (name of child), to volunteer at
_____ (name of agency/activity) on
_____ (installation) on _____ (date or day of
week) from _____ (time).

I understand that my child will be performing the following volunteer services.

_____ (Description of volunteer service performed)

SECTION II - FOR APPROPRIATED FUND ORGANIZATIONS

I understand _____ N/A (name of child) will be performing as a volunteer
and he or she is not, because of these services, an employee of the United States Government or any
instrumentality thereof (except for certain purposes relating to criminal conflicts of interest, the Privacy
Act, tort claims and workman's compensation coverage concerning incidents occurring during the
performance of approved volunteer service as specified in 10 USC Section 1588(d)(1)) and shall receive
no present or future salary, wages, or related benefits as payment for these volunteer services.

TYPED/PRINTED NAME OF PARENT OR GUARDIAN

N/A

SIGNATURE OF PARENT/GUARDIAN

N/A

DATE (YYYYMMDD)

N/A

SECTION III - FOR NON-APPROPRIATED FUND ORGANIZATIONS

☒ I understand _____ (name of child) will be performing services as
a volunteer and he or she is not, because of these services, an employee of the United States
Government or any instrumentality thereof (except for certain purposes relating to tort claims and
workman's compensation coverage concerning incidents occurring during the performance of approved
volunteer service as specified in 10 USC Section 1588(d)(2)) and shall receive no present or future salary,
wages, or related benefits as payment for these volunteer services.

TYPED/PRINTED NAME OF PARENT OR GUARDIAN

☒

SIGNATURE OF PARENT/GUARDIAN

☒

DATE (YYYYMMDD)

☒

BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION
(Department of Defense Child and Youth (C&Y) Programs)

OMB No. 0704-0516
OMB approval expires
May 31, 2017

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, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0516). 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.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE APPROPRIATE C&Y PROGRAM REPRESENTATIVE.

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 10450 and/or Section 231 of the Crime Control Act of 1990 (42 U.S.C. 13041); DoD Instruction 1402.5, Criminal History Background Checks on Individuals in Child Care Services; DoD Instruction 6060.2, Child Development Programs.

PRINCIPAL PURPOSE(S): To require each employee, DoD contractor, family child care provider, adult family member of a family child care provider, and specified volunteers of a DoD C&Y program to undergo a background check and to annually self-report changes to his or her criminal history. This form covers a five year period at the end of which a new form must be initiated. When completed, records are covered by one of the appropriate SORNs:

Army: http://dpclo.defense.gov/privacy/SORNs/component/army/A0608-10_CFSC.html

Navy: <http://dpclo.defense.gov/privacy/SORNs/component/navy/NM01754-3.html>

Air Force: http://dpclo.defense.gov/privacy/SORNs/component/airforce/F034_AF_SVA-C.html

ROUTINE USES: This form is to be used for DoD C&Y programs only. This form will be initiated by C&Y program staff and will be maintained in C&Y program offices. The DoD "Blanket Routine Uses" found at http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html 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 of working with or around children.

1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements.)		2. OTHER NAME(S) USED	
3. PLACE OF BIRTH (City, State, Country)		4. DATE OF BIRTH (MM/DD/YYYY)	
		5. GENDER (X one) <input type="checkbox"/> Male <input type="checkbox"/> Female	
6. INSTALLATION/PROGRAM NAME		7. DATE OF HIRE (To be completed by CDP staff only)	

8.a. Have you ever been arrested, charged, or convicted by Federal, State, or other Law enforcement authorities for any violation of any Federal law, Military law, State law, County or Municipal law, Regulation or Ordinance? (Do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.) (X one)

☐ Yes ☐ No If you answered "Yes," explain your answer in the space provided below.

b. Have you ever been arrested, charged or held by Federal, State or Other Law Enforcement Authorities for any crime or offense involving any of the following: Mark Yes or No for each category. Failure to provide information may result in an unfavorable adjudication decision. All other charges must be included in the space provided below even if they were dismissed. If you answered "Yes," explain your answer in the space provided below.

CHILD:	<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

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

9. ANNUAL CERTIFICATIONS.

In the past year, I have not been arrested, charged or held by law enforcement in regard to anything mentioned in block 8 above.

☐ Yes ☐ No If you answered "Yes," explain your answer in the space provided on the back of this form.

a. INITIAL CERTIFICATION (1) Signature				(2) Date (YYYYMMDD)	
b. 2nd YEAR (X as above) <input type="checkbox"/> Yes <input type="checkbox"/> No		(1) Signature		(2) Date (YYYYMMDD)	
d. 4th YEAR (X as above) <input type="checkbox"/> Yes <input type="checkbox"/> No		(1) Signature		(2) Date (YYYYMMDD)	
c. 3rd YEAR (X as above) <input type="checkbox"/> Yes <input type="checkbox"/> No		(1) Signature		(2) Date (YYYYMMDD)	
e. 5th YEAR (X as above) <input type="checkbox"/> Yes <input type="checkbox"/> No		(1) Signature		(2) Date (YYYYMMDD)	

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

DD FORM 2981, MAY 2014

Adobe Designer 9.0

BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION

10. NOTES (Use this space to enter additional comments.)

11. 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 and worked. 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. 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.

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 if I am charged with a crime referenced in block 9 above.

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



To: NAME/MAILING ADDRESS OF SCHOOL

Subject: Background Clearance

The Fort Bliss CYS programs request a check of school records for one of your students. This student resides with his/her parents in Fort Bliss government quarters or in an off-post home. It is required by Army Regulation 608-10 (AR 608-10) that anyone 12 years of age or older, wishing to participate in the volunteer program must have background clearances conducted. These background checks are conducted upon the entrance of a student into the volunteer program. In addition to other local checks, children of school age must have a clearance from their school counselor.

The parent signature below grants permission for this student's records to be checked by a school administrator. Please complete the second page of this form as indicated.

Thank you for your professional support in this matter. For further information, please contact the undersigned at 915-568-5709. Office hours are Monday through Friday from 9:00 AM to 6:00 PM.

Pat Smith
Child, Youth and School Services Coordinator

Student's Printed Name

Date

Custodial Parent's Printed Name

Custodial Parent's Signature

Data Required by the Privacy Act of 1974



Authority: Title 10, United States Code, Section 3012
Principal Purpose: Information is used by DA personnel to identify CYS volunteers.
Routine Uses: Provide household, background, and reference information
Disclosures: Disclosure of requested information is voluntary; however, if information is not provided, volunteer positions may be denied. No information is disclosed outside of DOD.

A check of school records for the student listed below has been conducted
(Please check one)

☐ No disciplinary information on file
☐ School records reveal the following disciplinary information:

Student Printed Name

Printed Name of Person Checking Background

Signature of Person Checking School Record

Date Completed

Statement of Understanding Child and Youth Services Personnel

Standards of Conduct and Accountability in Child and Youth Services (CYS) Programs

I understand that:

1. I am responsible for providing guidance IAW CYS Policy by using knowledge, skills and abilities to identify appropriate and inappropriate behavior of children/youth based on their age and social/emotional development. I will role-model or explicitly teach problem-solving strategies, impulse control, empathy and acceptance of self and others as well as pro-social behavior.
2. I will never use corporal/physical punishment as an acceptable form of guidance. Guidance will never be punitive in nature. Children will not be punished physically or verbally for lapses in toilet training or refusing food.
3. I will never punish children/youth by any of the following: spanking, pinching, dragging or grabbing, shaking, or other corporal punishment; isolation; confinement in closets, boxes, or similar places; time away/timeout; binding to restrict the movement of mouth or limbs; humiliation or verbal abuse; deprivation of meals, snacks, outdoor play opportunities, or other program components. Restricting the use of specific play materials and equipment, or participation in a specific activity will be based on the developmental age and social/emotional development of the child and if it poses a safety concern for the child or others.
4. I am responsible for knowing the boundaries for appropriate and inappropriate touching that are established to ensure that CYS personnel have a clear understanding of what is acceptable and what is not. These boundaries are specified in the Standards of Conduct and Accountability SOP.
5. If an allegation is made against me, it will be grounds for immediate closure of the FCC/Homes Off Post (HOP) home or reassignment out of CYS until the investigation is completed.
6. I am responsible for supervising Infants, Pre-toddlers and Toddlers by sight and sound at all times: Preschool and School age children by sight supervision and for short intervals by sound (for instance when the child is toileting): Middle School and Teen youth are supervised by monitoring areas where youth are engaged in activities and requires that I move throughout the facility.
7. I am responsible for maintaining specific accountability for each Child Development Center (CDC) child in my group or each School Age Center (SAC)/Middle School Teen (MST) youth in my facility. I will follow the systems in place to account for children and youth at regular intervals, especially during periods of transition in CDC/SAC and during

off-site activities in MST based on risk assessment analysis. If I observe a CDC child slipping away from or leaving his/her primary care group or discover a teen in an off-limits area within the facility I will notify the primary CYPA. This is not considered abuse/neglect. I am part of a team and am responsible for assisting my teammates as needed.

8. I will conduct or participate in a face-to-name count of children conducted once per hour in CDCs and during transitions in and out of the classroom. I will monitor all School Age children and Middle School/Teens while they independently move throughout the facility.

9. I must ensure the physical count of children/youth and/or the system that is used to monitor the whereabouts of children matches the number signed in (applies to direct care and management staff). I must ensure that the physical count of children/youth matches the number swiped into Child and Youth Management System (CYMS) (applies to management staff only).

10. I will focus my full attention on the children/youth in my care and will reframe from using personal electronic devices (to include cell phones, tablets, laptops and smart watches) while counted in ratio.

11. I am responsible for ensuring that all children/youth safely evacuate the building in the event of an emergency.

12. I may be observed by a manager or Training Specialist as part of a documented training or performance observation any time during my duty hours, either in person or through the use of the Video Surveillance System.

13. As a mandated reporter I will immediately and directly report to the Reporting Point of Contact (RPOC), any incident I witness which a reasonable person would consider child abuse or neglect.

14. If I witness an incident that a reasonable person would not consider child abuse or neglect, but is still a violation of this guidance, I will immediately verbally report it to their supervisor or other management staff, and follow up in writing.

15. I am responsible for completing reports on accidents, injuries to children/youth, or other incidents that occur while I am on duty.

16. I will wear my appropriate color coded apparel (ensuring apparel can be seen at all times and from all angles) when caring for children/youth. While under Line Of Sight Supervision (LOSS), I will ensure that I am in view of another cleared staff member at all times. If providing LOSS for another staff member, I will keep that person in line of sight at all times.

CAREGIVER'S CREED

"I am an Army Caregiver, a professional trained in my duties. I serve Department of Defense Families who protect the nation, by protecting their children/youth. I will always provide a safe, nurturing, enriching environment and ensure accountability for children/youth in my care. Never will I put children/youth in harm's way or allow others to do so. I will build trust with parents/guardians so they can concentrate on their mission. I will always treat Families with the dignity and respect they deserve. Army Caregivers are key members of the Army Team. I am an Army Caregiver."

My signature acknowledges that I have read, understand, and will comply with the Caregiver's Creed and the Standard of Conduct and Accountability SOP on appropriate guidance, touching, and accountability of children/youth, and my role in prevention and reporting child abuse or neglect in CYS programs.

In addition, my signature acknowledges I have read and understand:

- a. AR 608-10, especially those sections pertaining to the Touch Policy and supervision of staff;
- b. AR 608-18 Chapter 8, Out of Home Cases in DoD Sanctioned Activities;
- c. Latest CYS Multi-Disciplinary Team Inspection tool sections on Risk Management and Supervision; and
- d. My Position Description, which states my designation as a mandated reporter of child abuse or neglect.

I understand that failure to comply with these policies may result in adverse disciplinary action taken against me.

CYS Personnel Signature

Print Name

Date



Fort Bliss Army Volunteer Corps Volunteer Management Information System (VMIS)

Fort Bliss uses this program to track our community's volunteer activities.

You may search for an opportunity by community, address, key word (interest), or organization.

If not yet registered on VMIS, the following steps may be taken:

- 1.) Log onto www.myarmyonesource.com
- 2.) Register
 - a. Log In- click on the Register button on the top right. On next page, scroll down to bottom to click on the yellow Join Now button.
 - b. Fill out the information requested, including creating a User Name and Password. If you have a user name and password for vFRG, the two sites are linked, so you would use the same password. There is no requirement for number of letters or special symbols and such.
 - c. Fill out the information for your volunteer service record. You will use only the last 4 number of YOUR Social Security Number in this program for identification. Everything that has an asterisk* must be filled in.
- 3.) **Once registered and logged in, click on Volunteer Tools at the top right of the screen.**
- 4.) There are two ways to find positions:
 - a. In the Volunteer Opportunities Tab, place Fort Bliss in the Community filter. Use other filters listed to further reduce your choices to those you are interested in. Click on Search.
OR
 - b. Click on Back to Map. Click on Texas on the map in the middle portion of the screen. Next screen- Select Fort Bliss. Next screen- Scroll until you find the organization you want to apply for. You may want to use the filters to narrow your search.
- 5.) Click on the position title (in blue) to see the details of the position and apply for it. Hit Apply on the top of the position description.
- 6.) It will then show your volunteer profile. Fill in any missing information and click Submit at the bottom of the application. You have now completed applying for the position.
- 7.) Wait for the Organization Point of Contact (OPOC) to approve your application. (At the bottom of the position description, you can find the OPOC name and contact information.)
- 8.) Once approved, you can begin logging in your hours. You have until the 5th working day of the following month to log in each month's hours.

There are 3 ways to find your VMIS information after logging in-

- a. You can click on Volunteer Tools on the top right to see your options in blue on the near-the-top-left-of-the-screen and click on the option you desire.
- b. Hover over Family Programs and Services to find Volunteering to get to Volunteer Tools.
- c. OR click on My AOS Page at the top right of the screen to see your customized page. Click on Add Content to add your VMIS options into your page. After the initial time, you will see those options in the MY AOS Page each time you log on.

Thank you so much for volunteering in our Fort Bliss community!

Tephania Hopper

Tephania.l.hopper.civ@mail.mil

Bldg. 2494 Ricker Rd.

Fort Bliss, Texas

www.blissmwr.com/volunteer

How to Log Hours in VMIS

(After you have been approved for the position by your Organization Point of Contact (OPOC))

www.myarmyonesource

- There are several reasons why you should document your volunteer time on VMIS
- When registered and during volunteer hours worked (performance of their duties), volunteers are treated as employees of the government and "Only" registered volunteers receive protection in the event of injury, tort claims, accidents, claims for damages or loss, etc.
- A record of a volunteer's service history will always be available for the volunteer when they travel from installation to installation.
- Benefits received are funded: Training, TDY's, child care, formal awards and recognitions when funds are available.
- The government is only funded to support programs and services where you can document participation; if they are not registered and documenting their hours in VMIS (the government's repository for volunteer service), they don't count and our Volunteer program could potentially lose funding and all of the niceties that would support the program.
- Only individuals/organizations registered in VMIS can participate in the monthly and annual volunteer recognition ceremonies as funds are tied to the ceremonies.
- AR 608-1 states that all organizations having volunteers must ensure volunteer hours worked are documented in the Volunteer Management Information System.

To log hours daily (up to the 5th working day of the following month):

- Once logged in, click on "Volunteer Tools" at the upper right of the screen.
- On the next screen, click on the "Volunteer Activity" tab.
- Under Open Services, click on the "Hours" button, located on the right of the position you are logging hours for.
- When the next screen is ready, then click on "Add for Open Dates" or "Add for Day" (this option is mainly used for those volunteers needed to add a note as to what was done during those volunteer hours)
- Input the hours and click on "Save".

Volunteer can catch up on logging their hours after the deadline:

- Once logged in, click on "Volunteer Tools" at the upper right of the screen.
- On the next screen, click on the "Volunteer Activity" tab.
- Under Open Services, click on the "Hours" button, located on the right of the position you are logging hours for.
- Click on the yellow box "Add for Period"
- On the next screen, input the information, then click on "Save".

****Please note:** Live Chat Support is there at the top right of the website to assist people online from 8 am-8 pm Eastern Time. Their phone number is at the top left of the screen. They are extremely helpful with any VMIS issue you may have.

Questions? Please contact your OPOC or
Tephanie Hopper, Fort Bliss Army Volunteer Manager
Tephanie.l.hopper.civ@mail.mil