Please fill out the packet electronically, if at all possible.

If you cannot fill it out electronically, than it needs to be printed in BLACK INK ONLY

- **Initials and Wet Signatures need to be done in Black ink ONLY *(PLEASE no digital signatures.)***
- **You need to SIGN & DATE IT - THE DATE YOU TURN IN THE PACKET at the facility you want to volunteer in, who will verify the packet before sending it to me.**
- **It is mandetory, per Garrisson for all volunteers to go and register with the Volunteer Core at ACS and Volunteer Management Information System (VMIS) prior to Volunteering on Post. ACS is Located at Bldg 250 Club Road 915-569-7733**
  VMIS: https://vmis.armyfamilywebportal.com/
- **Once we received your Background request, you will receive an email from the Functional Manager (FM) with the *Security_DHR Fingerprint Request Worksheet (S_DHR_FPRW)* attached and email instructions, including appointment for Fingerprints.**
- **"Please follow instructions in the email from your FM"**
  And return the completed S_DHR_FPRW to your FM as soon as completed
- **!!!If your Fingerprints are not completed by the dategiven to you from the FM, your background request will be canceled and will have to be resubmitted!!!**
- **Once completed and S_DHR_FPRW is received by the FM, your Background request will be submitted to the HUB in San Antonio to get the process started.**

ANY PII should not be send via email unencrypted, best to hand carry to facility or to your FM

- ***Once you decide you are permanently no longer Volunteering (PCS, ETS, ect…) You are required to let Sports and your FM know via email or verbal.***

Any Questions? Call or email

(FM) Angel 915-568-9006 *angelika.a.schmidt.naf@army.mil*

(Backup) Kimberly Souza 915-568-4198 *kimberly.l.souza.naf@army.mil*

Memorandum for Volunteers at Child and Youth Services (CYS) Programs

Date: 08 August 2022

Subject: CYS Background Check Requirements

Reference: Volunteer Management Information System (VMIS) and Fingerprints

When you apply for volunteering in any CYS Program background checks must be completed IAW our assigned requirements. This includes registering with the Volunteer Core at ACS for CYS and completing fingerprints.

- It is up to the volunteer to schedule an appointment with ACS for Registration, but it must be done prior to Volunteering. Please call 915-569-7733 to schedule the appointment.

- CYS schedules fingerprints for prospective volunteers in order to complete the process. The request must come from CYS. You cannot request to schedule fingerprints yourself.

- CYS has had several no shows to fingerprint appointments with no notification to CYS that you will not be able to make the appointment. Please contact CYS at 915-568-9006 as soon as possible if you are unable to make the scheduled appointment.

- CYS will reschedule upon request. CYS contacts the fingerprint section and requests a new date and time.

- CYS can only reschedule you three (3) times. After the third (3rd) time volunteer is required to resubmit the application and re-initiate the process.

- Not attending your appointment or having to re-initiate the application process delays your volunteer start date.

If you have any questions you can reach Angelika Schmidt at 915-568-4646 or 915-568-9006, Elvia Walker at 915-568-4646 or 915-497-7303, or Kim Souza at 915-568-4198.

_____	_____	_____
Volunteer Print Name	Volunteer Signature.	Date
_____	_____	_____
CYS Representative Print Name	CYS Representative Signature.	Date

Fort Bliss, TX
Child and Youth Services
CYS Volunteer Application
Revised on 25 November 2020

PRINT in BLACK INK Only

Prefix: Mr. ☐ Mrs. ☐ Miss. ☐ Ms. ☐

Last: *As reflected on official identification ** First *As reflected on official identification ** Middle *As reflected on official identification **

Maiden Name *(Non applicable – N/A)* Social Security Number

Physical Address: Street City State Zip Code

Phone: Work Phone:

Email Address

Date of Birth *(mm/dd/yyyy)* Place of Birth: *Country* *State* *City*

Have you had any personal experience(s) involving children/youth, if so please explain.

_____

Previous CYS Experience *(check only one)*:

☐ New
☐ Transfer *(moved here less than 2 years ago)*
Approximate year backgrounds where completed
_____

Previous Garrison: _____
Completed By:
CDE/Volunteer position ☐ CPAC/Job ☐

DO NOT list your spouse or family members as references.
You must list your last 2 previous supervisors and or professionals

_____
Reference #1 Full Name, Telephone Number,

_____
Reference #2 Full Name, Telephone Number,

_____
Reference #3 Full Name, Telephone Number,

_____
Reference #4 Full Name, Telephone Number,

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

Signature Date (mm/dd/yyyy)

** Official Identification = SS Card*

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 552a(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://dpcld.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)*
	Fort Bliss - CYS	

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: ☐ Yes ☐ No DRUG OR ALCOHOL: ☐ Yes ☐ No VIOLENT CRIME/ ASSAULTIVE BEHAVIOR: ☐ Yes ☐ No

SEX CRIME: ☐ Yes ☐ No DOMESTIC VIOLENCE: ☐ Yes ☐ No OTHER: ☐ Yes ☐ 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)*

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)*

INSTRUCTIONS

This Department of Defense Form is to be completed by prospective or current employees, volunteers, DoD contractors or employees of DoD contractors, Family Child Care (FCC) providers, and adults residing in the FCC 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 apprehended, arrested, charged, or convicted by Federal, State, or other Local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), Military law, State law, County law, or Municipal law, Regulation or Ordinance, nor have they been apprehended, 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. FCC providers will also report the same offenses for members in their household. Individuals who work and volunteer in DoD Child Development and Youth Programs must update this form on an annual basis.

Completion of this form is voluntary; however, failure to provide requested information may result in an unfavorable adjudication or determination regarding suitability or fitness to work with children in support of DoD child care services programs

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 and DoD program where you seek employment or to volunteer; if operating or residing in a FCC home, provide the address of the FCC home.

5. Provide the date of hire. *To be completed by HR or Security Manager.*

6. Place an X in the appropriate box based on whether 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. Be sure to disclose any covered charges or incidents, even if they were expunged, and/or even if you would not otherwise need to disclose them on an employment application or forms, as they may be identified in the background check process. You must also disclose all covered incidents, even if you did so on a previous consent and self-disclosure form and/or even if the incident was previously adjudicated.

   If you answered "Yes," explain your answer in the space provided. If additional space is needed, use block 9.

   Use column 6.g for subsequent self-reports (as applicable).

7. Sign and Date.

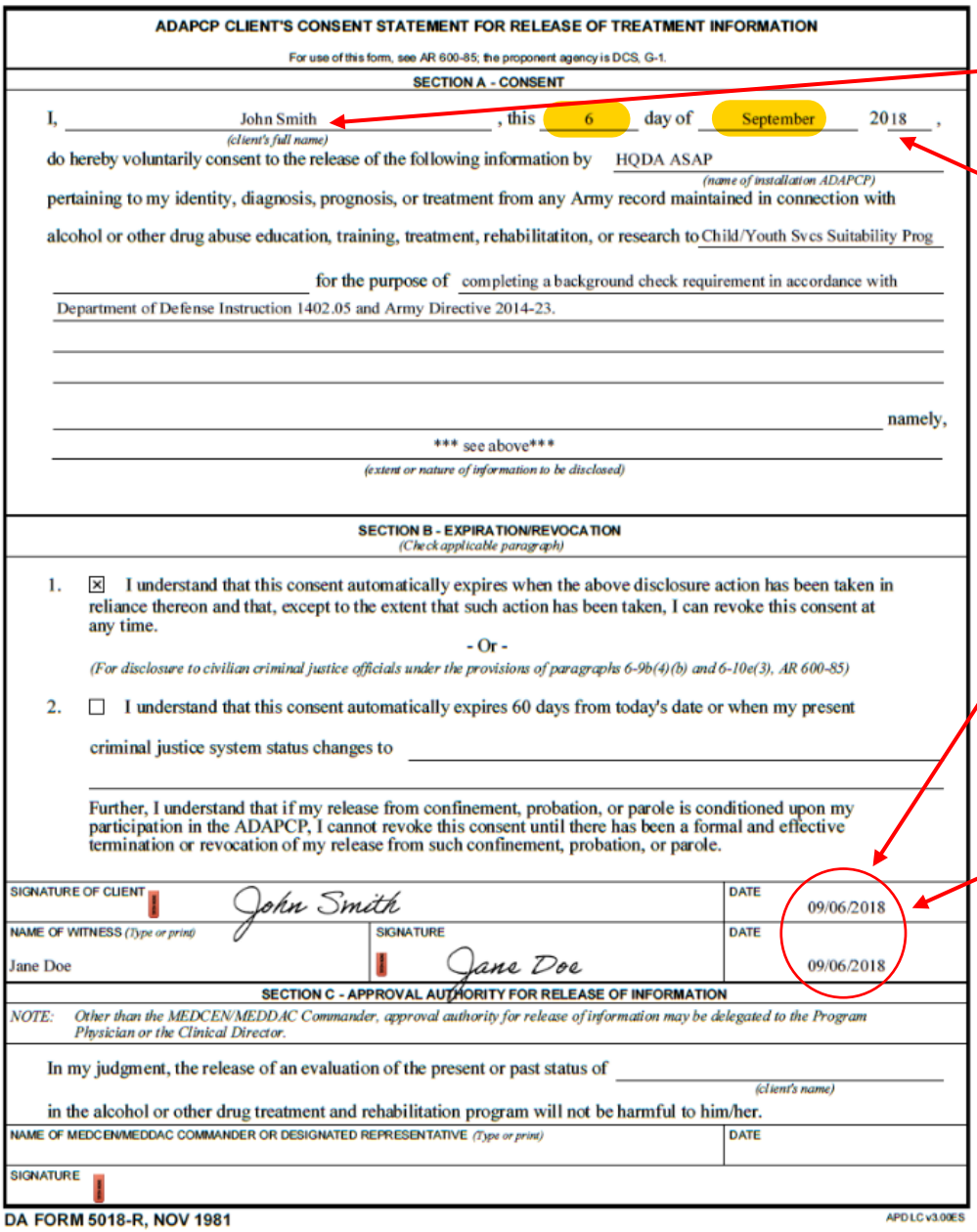
8. On an annual basis, for the most recent year only, select the appropriate answer (yes or no) or write in the appropriate response indicating if you have been apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform 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.

9. If needed, use this space for additional comments to explain blocks 6 and/or 8.

10. Sign and date.

DA Form 5018-R (Same as "Appendix M CSSC Template DA-5018-R fillable March 2018") Instructions

The Alcohol and Drug Abuse Prevention and Control Program (ADAPCP) Client's Consent Statement for Release of Treatment Information (DA Form 5018-R) is completed by the applicant. By signing, the applicant agrees that ADAPCP can release information regarding their treatment. Use the most up to date file located on the CDE sharepoint website, named "DA Form 5018_R fillable March 2018" or the CSSC sharepoint file named "Appendix M-CSSC Template DA Form 5018_R fillable March 2018."



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, John Smith (client's full name), this 6 day of September 2018,

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/REVOCATION (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
John Smith		09/06/2018
NAME OF WITNESS (Type or print)	SIGNATURE	DATE
Jane Doe	Jane Doe	09/06/2018

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	

DA FORM 5018-R, NOV 1981 APD LC v3.00ES

SECTION A:

1. Name field reflects client's first and last name, but will be accepted with the middle initial or full middle name.
2. Date field needs to include the last two digits of the current year.
3. The remaining fields are prefilled on the most current file located on the CDE sharepoint website. **If your form says anything other than what is reflected here, you have the wrong form!**

SECTION B:

1. Option 1 checked.
2. *Signature of client field can either be digital or printed.
3. Date field **MUST MATCH** the date field of the witness.
4. Name of witness can either be typed or printed.
5. Signature of witness can either be digital or printed.
6. Date field of witness **MUST MATCH** the date field of the client.

If the applicant is a minor, a parent or guardian must sign in the "signature of client" field.

SECTION C:

1. Leave Section C blank.

Version 11 September 2018

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/REVOCATION

(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	

CYS – Teen 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

VOLUNTEER AGREEMENT FOR

☐ APPROPRIATED FUND ACTIVITIES ☒ 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://dpcld.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570084/a0608b-cfsc/); (2) NM01754-2, DON Family Support Program Volunteers (at http://dpcld.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570427/nm01754-2/); and (3) F036 AFDPC, Family Services Volunteer and Request Record (at http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569815/f036-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 1 - GENERAL INFORMATION

1. NAME OF VOLUNTEER *(Last, First, Middle Initial)*	2. NAME OF PARENT/GUARDIAN *(If volunteer is under age 18) (Last, First Middle Initial)*	3. VOLUNTEER IS *(Select one)* ☐ AGE 18 OR OVER ☐ UNDER AGE 18

4. TELEPHONE NUMBER *(Include Area Code)*	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
Fort Bliss	CYS			

11. DESCRIPTION OF VOLUNTEER SERVICES

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 *(if volunteer is under age 18)*	c. DATE SIGNED *(YYYYMMDD)*

13.a. NAME OF ACCEPTING OFFICIAL *(Last, First, Middle Initial)*	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. *(2,087 hours = 1 year)*	b. WEEKS	c. DAYS	d. HOURS	15. SERVICE END DATE *(YYYYMMDD)*

16.a. VOLUNTEER SIGNATURE	b. PARENT/GUARDIAN SIGNATURE *(If volunteer is under age 18)*	17.a. NAME OF SUPERVISOR *(Last, First, Middle Initial)*	b. SUPERVISOR'S SIGNATURE	c. DATE SIGNED *(YYYYMMDD)*

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 *(Last, First, MI)*

2. HOME ADDRESS *(Street, City, State and ZIP Code)*

3. EMAIL ADDRESS

4. TELEPHONE NUMBERS
   a. HOME
   b. WORK
   c. FAX

5. SEX ☐ MALE ☐ 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
☐ NONE ☐ PRESCHOOL ☐ IN SCHOOL

10. INITIAL COMMITMENT
☐ ONE DAY EVENT ☐ ONE MONTH EVENT ☐ THREE MONTHS
☐ SIX MONTHS ☐ NINE MONTHS ☐ OTHER

11. EDUCATION
☐ HIGH SCHOOL ☐ COLLEGE ☐ ADVANCED DEGREE

12. WORK EXPERIENCE

13. VOLUNTEER EXPERIENCE

Fort Bliss - CYS

14. SPECIAL SKILLS, INTEREST, HOBBIES

15. POSITIONS HELD

START DATE *(YYYYMMDD)*	TYPE OF POSITION	END DATE *(YYYYMMDD)*

16. AWARDS AND SPECIAL RECOGNITION

DATE *(YYYYMMDD)*	TYPE OF AWARD/SPECIAL RECOGNITION	PRESENTED AT

17. TRAINING

DATE *(YYYYMMDD)*	TYPE OF TRAINING	HOURS COMPLETED

18. VOLUNTEER ANNUAL HOUR RECORD

YEAR													
HOURS													

19a. SIGNATURE	19b. DATE *(YYYYMMDD)*

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 that _____ *(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	
SIGNATURE OF PARENT/GUARDIAN	DATE *(YYYYMMDD)*

SECTION III - FOR NON-APPROPRIATED FUND ORGANIZATIONS

I understand that _____ *(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)*

2 References

On Form DA 3439

(Facility will fill those out and add to packet)

and

School Counselor

Are needed

UNITED STATES ARMY
CHILD & YOUTH SERVICES

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

UNITED STATES ARMY
CHILD & YOUTH SERVICES

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 in accordance with (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 and 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, psychological abuse or coercion 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. I will never punish children/youth by any of the following: spanking, pinching, dragging or grabbing, shaking, or other corporal punishment; isolation, time away/timeout, or overly punitive restrictions; confinement in closets, boxes, or similar places or locked seclusion; manual, mechanical, or chemical restraint; humiliation, demeaning, shaming, verbal abuse, taunting, teasing, degrading language or activities, or psychological pain; deprivation of meals, hydration, snacks, outdoor play opportunities, or other program components; aversive stimuli; forced physical exercise to eliminate behaviors; punitive work assignments; punishment by peers; or group punishment or discipline for individual behavior. 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.

3. 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.

4. If an allegation of abuse/neglect is made against me, it will be grounds for immediate closure of my Family Child Care (FCC) home or reassignment outside of CYS until the investigation is completed.

5. I am responsible for supervising Infants, Pre-toddlers and Toddlers by sight and sound at all times, including when sleeping. Mirrors and video monitoring do not replace direct sight and sound supervision. Preschool and kindergarten children are supervised by sight most of the time, with the exception of brief periods when children cannot be seen but still heard, as long as I check frequently on children who are out of sight (e.g. child using the toilet independently, child in a library area). Kindergarteners and School-age children may leave my supervision for brief periods, so long as they are in a safe environment (such as going to a hall bathroom) but must be within sight and/or hearing most of the time. Middle

School and Teen youth are supervised by monitoring areas where youth are engaged in activities and requires that I move throughout the facility.

6. I am responsible for maintaining specific accountability for each Child Development Center (CDC)/Family Child Care (FCC) 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 based on risk assessment analysis. If I observe a child slipping away from or leaving his/her primary care group or discover a youth in an off-limits area within the facility, I will notify the primary caregiver. These instances are not considered abuse/neglect. I am part of a team and am responsible for assisting my teammates as needed.

7. 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/Teen youth while they independently move throughout the facility.

8. 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).

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

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

11. I understand that CYS facilities are under continuous video and audio surveillance through Closed Circuit Television (CCTV). I also understand that recordings may be used to substantiate or refute allegations of child abuse/neglect or employee misconduct, as a training aide, or to recognize positive performance.

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 CCTV System.

13. As a mandated reporter I will immediately and directly report to the Reporting Point of Contact (RPOC) and local Child Protective Services (CPS) (if located in the U.S.) 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 my 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 unusual 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.

17. I will refrain from commenting, passing judgment, or providing guidance or input on sensitive topics with children/youth. I will encourage children/youth to reach out to a trusted family member or counselor for discussion.

18. The following Social Media and Electronic Communications are prohibited:

- Displaying in the workplace or any other place likely to embarrass or undermine the professional credibility of the CYS program or otherwise interfere with CYS operations, any material that is sexually explicit, provocative, inappropriate, inflammatory, or unprofessional. Such materials shall not be present on CYS premises.

- Communication to staff or children/youth that is unprofessional or inappropriate.

- Communication with children/youth through social media platforms except via the program's official social media pages (e.g. facebook, twitter).

- Communication with children/youth by email and messaging except via staff's .mil email address – all electronic communications with children/youth will have a parent and at least one other paid staff member on the cc line.

- Communication with children/youth by text message via a personal device.

- Sharing home or personal email, messaging, phone numbers or social media addresses with children/youth.

- Posting media to a personal social media site which includes non-familial children/youth enrolled in CYS programs.

- Use of Personal Electronic Devices while on duty.

19. I am required to immediately inform my supervisor/program director if I am charged with a crime referenced on the DD Form 2981 Basic Criminal History and Statement of Admission.

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 Standards of Conduct and Accountability SOP on appropriate guidance, touching, interactions, social media, and accountability of children/youth, and my role in preventing and reporting child abuse or neglect in CYS programs.

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

a. AR 608-10, sections pertaining to the Touch Policy and supervision of children, and other sections as directed by management;

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.

Year 1:

CYS Personnel Signature	Print Name	Date

Year 2:

CYS Personnel Signature	Print Name	Date

Year 3:

CYS Personnel Signature	Print Name	Date