

Ft. Bliss CYS Procedures For Signing up PROSPECTIVE VOLUNTEERS

Prospective Volunteers are to initiate application at program where they wish to volunteer (REP signing documents must be Director or Assistant Director)		Name of Program Rep that makes contact with Volunteer along with Program Name
Step 1.	Volunteer contacts program requesting to volunteer (by phone, in person, via email, etc.)	REP:
Step 2.	Program gives or emails volunteer packet to Volunteer	REP:
Step 3.	Volunteer completes packet with strict instructions to PRINT very legibly or complete on computer (TYPE) all info. (CAN COMPLETE AT PROGRAM COMPUTERS)	REP:
Step 4.	Instruct Volunteer to ensure middle name is spelled out on all pages	REP:
Step 5.	Instruct Volunteer that references CANNOT be family members (prefer two former supervisors; for teens can be a coach, teacher, counselor, Scout leader, Church group Leader, etc.)	REP:
Step 6.	Volunteer returns packet to Program.	REP:
Step 7.	Program Rep reviews forms to ensure all sections are completed correctly and legibly and verifies	REP:
Step 8.	Program Rep ensures all areas are signed by volunteer where required.	REP:
Step 9.	Program calls 2 References (not family related) Can give DA Form 3439 to volunteer – Must use this form	REP:
Step 10.	Programs give Volunteer an orientation about program and duties assigned.	REP:
Step 11.	Program reviews the Statement of Understanding and Touch Policy with the Volunteer and has Volunteer sign the Caregiver's Creed (Program only keeps signature page) PC NEEDS TOUCH POLICY also	REP:
Step 12.	Program Director/Assistant Director agrees packet is complete and signs all forms required (Has to be Director/Assistant Director) SCAN AND EMAIL PACKET TO ELVIA, ANGEL AND MARIA – WANT TO KEEP DIGITAL	
Step 13.	Attach this sheet to completed packet	REP:
Per Pat Smith: Teens may begin volunteering as soon as they turn in packet – Still require COMPLETE packet. !!!! Summer Teen Volunteers may volunteer if they are 13 by 1 August of that year !!!!		
Parent Central		
When Volunteer comes or calls here first	Instruct Volunteer that process begins at the program they want to volunteer at. Give them phone and bldg. number, and POC (Director/Assistant Director)	REP:
Step 14.	PC staff ensure packet is signed by program staff and leave at Elvia's work station if not signed have volunteer go back to program for signatures.	REP:
Step 15.	Elvia reviews packet to ensure all is complete. If turned in to PC Elvia/Angel/Maria will scan and send copy to program. If Elvia gets it, she will scan and send to Angel/Maria and Program.	REP:
Step 16.	Angel initiates background checks	REP:
Step 17.	BCA Ticket will be sent to Volunteer by Angel once BCA has reviewed and accepted packet	REP:
Step 18.	FINGERPRINTS MUST BE COMPLETED WITHIN 10 WORKING DAYS OF WHEN ANGEL SENDS TO VOLUNTEER	Rep.
Step 19.	A. <u>Background checks are all clear:</u> Volunteer will receive email confirming all clear and Can begin and VIMIS account will be activated if volunteer has one set up. B. Program will receive a BVC from Angel and confirmation Volunteer may begin	REP:
Step 20.	<u>Background checks are PRB:</u> Program and Volunteer will be informed and instructed on what follows	Rep.

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 or Maria Marshall
with a BCA Ticket attached to go get Finger printed
once your packet has been submitted and we
received the WOT (*Work Order Ticket*) accepted
from the BCA (*Background Check Administrator*) office

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. !!!

IMCOM-HQ CYS VOLUNTEER SPORTS AND FITNESS COACH

JOB DESCRIPTION - PAGE 1



Organization: IMCOM-HQ, Child and School Services (CYS) Sports and Fitness (SF)

Position Title: CYS Sports and Fitness Volunteer Coach

Summary: *A good coach improves your game. A great coach improves your Life – Michael Josephson*

Duties: Teach proper skills, fundamentals of rules, strategies and procedures needed to participate in a specified sport in accordance with CYS requirements. Be present at scheduled practices and games at least 15 minutes before the scheduled starting time. Inform CYS sports and fitness staff members regarding changes, concerns, and issues. Keep players and parents informed about all practice and/or games times and any changes. Maintain a focus on sports skill development, recreation, maximum participation of players, and leisure activities. Maintain CYS property, role model appropriate behavior (e.g., Army Values, CYS sports and fitness Statement of Understanding) and abide by the CYS Sports and Fitness philosophy.

Time Required: Practices are generally held during the period:
Monday-Friday: 1700-2030
Note: Practices MUST be conducted IAW CYS Sports and Fitness guidance

Games are generally held during the period, but not limited to:
Monday-Friday: 1700-2030 or Saturday: 0800-1700
Note: Average-one game per week; times vary.

Benefits: Program is designed to promote positive attitudes and reinforce CYS Sports and Fitness philosophy and Army core values to offer children and youth opportunities to feel competent and instill values associated with the pursuit of skills in sports, fitness, nutrition, and recreational activities.

IMCOM-HQ CYS VOLUNTEER SPORTS AND FITNESS COACH

JOB DESCRIPTION - PAGE 2

- Training: National Youth Sports Coaches Association (NYSCA)
Child Abuse Reporting, Prevention, Identification, and Recognition
Developmentally Appropriate Practices
First Aid/CPR Orientation
Concussion Training
- Orientation: CYS Sports and Fitness Certification Clinic
Parents Association for Youth Sports (PAYS) Orientation
Parent Meeting specific to sport meeting being coached
- Qualifications: Background/Clearance check IAW CYS Youth Sports guidance
- Supervisor: CYS Sports and Fitness Director
- Assessment: CYS Sports and Fitness Volunteer Coaches will receive feedback through CYS SF Director
- MUST be available approximately 4-8 hours per week

CYS SPORTS AND FITNESS (SF) SUPERVISOR SIGNATURE:

CYS Sports and Fitness Director / Assistant Director Signature

VOLUNTEER COACH/SF VOLUNTEER:

SIGNATURE: CYS Sports and Fitness Volunteer Coach/SF

Volunteer Coach/SF Contact Information:

Print First and Last Name

Email

Contact phone number

COACHES

IMBL-MWC

packet updated 1 May 2018

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.

COACHE'S PRINTED LAST, FIRST & MIDDLE NAME

ALIAS (MAIDEN NAME OR OTHER NAMES USED)

PHONE/CELL ALTERNATE NUMBER

CURRENT COMPLETE APPLICANT'S ADDRESS include CITY; STATE & ZIP CODE

!!! BIRTH COUNTRY; STATE; CITY !!!

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

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 PURPOSE(S): To acknowledge and document Volunteer Agreement for Appropriated Fund Activities or Nonappropriated Fund Instrumentalities before a statutory individual is allowed to provide volunteer services.

ROUTINE USES: There are no specific routine uses anticipated for this information; however, it may be subject to a number of proper and necessary routine uses that are identified in each of the following systems of records notices: (1) A0608b DFSC, Personal Affairs: Army Community Service Assistance Files (at <http://dpcl.d.defense.gov/Privacy/SORNSIndex/DoD-wide-SORN-Article-View/Article/570084/a0608b-cfsc/>); (2) NM01754-2, DON Family Support Program Volunteers (at <http://dpcl.d.defense.gov/Privacy/SORNSIndex/DoD-wide-SORN-Article-View/Article/570427/nm01754-2/>); and (3) F036 AFDPC, Family Services Volunteer and Request Record (at <http://dpcl.d.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) <input type="checkbox"/> AGE 18 OR OVER <input type="checkbox"/> 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 Fort Bliss	7. ORGANIZATION/UNIT WHERE SERVICE OCCURS Child & Youth Services	8. PROGRAM WHERE SERVICE OCCURS Sports	9. ANTICIPATED DAYS OF WEEK	10. ANTICIPATED HOURS
11. DESCRIPTION OF VOLUNTEER SERVICES Volunteering as Coach				

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 AGREEMENT FOR APPROPRIATED FUND ACTIVITIES or NONAPPROPRIATED
INSTRUMENTALITIES INSTRUCTIONS FOR COMPLETING DD FORM 2793**

DD Form 2793, Volunteer Agreement for Appropriated Fund Activities and Nonappropriated Fund Instrumentalities, is available online at, <http://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2793.pdf>. A Volunteer Agreement must be completed and signed by both Volunteer (or Parent/Guardian of volunteer under the legal age of majority) and Government Accepting Official (Installation Volunteer Coordinator or similar) before volunteer begins voluntary service. The accepting official will furnish the volunteer a copy of DD Form 2793, and retain the original in accordance with *DoD Instruction (DODI) 1100.21, Voluntary Services in the DoD* and the Military Departments' Records Disposition Issuances.

VOLUNTEER AGREEMENT FOR APPROPRIATED FUND ACTIVITIES or NONAPPROPRIATED INSTRUMENTALITIES. To be completed by Government official applicable to the volunteer's assignment.

PART I - GENERAL INFORMATION (to be completed by Volunteer or Parent/Guardian as specified)

1. **NAME OF VOLUNTEER.** (Last, First, Middle Initial)
2. **NAME OF PARENT/GUARDIAN.** (if volunteer is under legal age of majority) (Last, First, Middle Initial) Parent/guardian signature is required only if volunteer is under the legal age of majority.
3. **VOLUNTEER IS: AGE 18 OR OVER OR UNDER AGE 18.** Check applicable box to indicate whether volunteer is an adult or minor child (under the legal age of majority).
4. **TELEPHONE NUMBER.** (Include Area Code) List number where volunteer prefers to be contacted.
5. **E-MAIL ADDRESS.** List address where volunteer prefers to be contacted.

PART II - VOLUNTEER ASSIGNMENT (to be completed by Accepting Official)

6. **INSTALLATION/COMPONENT ACTIVITY.** List the installation/component activity where voluntary service will be performed or that assumes primary responsibility for the volunteer program.
7. **ORGANIZATION or UNIT WHERE SERVICE OCCURS.**
8. **PROGRAM WHERE SERVICE OCCURS.** List organization or unit program or location where voluntary services will be performed.
9. **ANTICIPATED DAYS OF WEEK.** List anticipated day(s) volunteer will be donating services.
10. **ANTICIPATED HOURS.** List anticipated times or number of volunteer hours to be provided per specified time period.
11. **DESCRIPTION OF VOLUNTEER SERVICES.** Briefly describe assigned voluntary service duties.

PART III - VOLUNTEER CERTIFICATION

12. **CERTIFICATION.** Certification must be signed and dated by both Volunteer and Government Official accepting volunteers providing voluntary services. Accepting Official must check either Appropriated Fund Activity or **Non-appropriated** Fund Instrumentality at the top of DD Form 2793.
 - a. **SIGNATURE OF VOLUNTEER.**
 - b. **SIGNATURE OF PARENT/GUARDIAN.** (if Volunteer is under legal age of majority).
 - c. **DATE SIGNED (YYYYMMDD).** List date signed by Volunteer.
13. **NAME OF ACCEPTING OFFICIAL.**
 - a. (Last, First, Middle Initial).
 - b. **SIGNATURE.** Signature of Accepting Official.
 - c. **DATE SIGNED (YYYYMMDD).** List date signed by Accepting Official.

PART IV - 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.** This may apply to volunteers designated as Special Government Employees. Consult Ethics Counselor for details.
 - d. **HOURS.** Total number of voluntary service hours donated.
15. **SERVICE END DATE (YYYYMMDD).** Volunteer Supervisor lists final day of voluntary service.
16. **VOLUNTEER SIGNATURE.**
 - a. **Volunteer's signature verifies voluntary service time donated.**
 - b. **PARENT/GUARDIAN SIGNATURE.** (if Volunteer is under legal age of majority).
17. **NAME OF SUPERVISOR.**
 - a. (Last, First, Middle Initial) of Volunteer Supervisor.
 - b. **SUPERVISOR SIGNATURE.** Signature of Volunteer Supervisor or Accepting Official verifies total amount of voluntary service time donated.
 - c. **DATE SIGNED (YYYYMMDD).** Date signed by Volunteer Supervisor or Accepting Official.

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 ✓

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)	
✓										✓	



Department of the Army

RELEASE/CONSENT STATEMENT

PRIVACY ACT STATEMENT

AUTHORITY: 42 USC 13041 AND 10 USC 3013.

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

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

Type or Print Name (Last, First MI):

Section I: Statement of Previous Arrest or Charge:

1. Have you ever been arrested for or charged with a crime involving a child? ____Yes ____No
2. Have you ever been asked to resign because of, or been decertified for, a sexual offense? ____Yes ____No
3. Have you ever been convicted of any offense against the law or forfeited collateral or are you now under charges for any offense against the law? (You may omit: (1) Traffic violations for which you paid a fine of \$300.00 or less unless the violation was alcohol or drug related, and (2) any offense committed before your 21st birthday **which was finally adjudicated in a juvenile court or under a youth offender law.**) ____Yes ____No

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

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

RELEASE/CONSENT STATEMENT (Cont)

Type or Print Name (Last, First MI) _____

Section II: Statement of Understanding and Release:

1. I have been advised that my being hired or selected for, and continuing employment or service in a position having regular contact with children under the age of 18 will be based upon favorable completion of all required background checks. I understand that these may include:

- a. Army Law Enforcement Reporting & Tracking System (ALERTS) // Defense Central Index of Investigations (DCII)
- b. Army Substance Abuse Program (ASAP) to include records from the Substance Use Disorder Clinical Care (SUDCC) which may include that pertaining to my identity, diagnosis, or treatment from any Army record maintained in connection with alcohol or other drug abuse education, training, treatment, rehabilitation or research.
- c. Medical Treatment Facilities (MTF) – Army Central Registry (ACR)
- d. Federal Bureau of Investigation Fingerprint Special Agreement Check (FBI-FP-SAC)
- e. State Criminal History Repository (SCHR) Checks for each state where I have resided for the last five years.
- f. Any other records as appropriate and to the extent permitted by law.

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

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

Section III: Signature:

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

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

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

Signature

Date

If the applicant is a minor, a Parent or Legal Guardian must grant permission below for the background checks. The Parent/Legal Guardian is certifying they understand the purposes of these checks and hereby provide consent for the background checks.

Signature

Date

ADAPCP CLIENT'S CONSENT STATEMENT FOR RELEASE OF TREATMENT INFORMATION

For use of this form, see AR 600-85; the proponent agency is DCS, G-1.

SECTION A - CONSENT

☒ I, _____, this _____ day of _____, 20____, _____
(client's full name)

do hereby voluntarily consent to the release of the following information by 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

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

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)	c. 3rd 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)	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

2 References
Are needed
On DA Form 3439

(Facility will fill those out and add to packet)



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