



## 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 (<u>PLEASE no digital</u> <u>signatures.)</u>
- 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. Date format throughout the packet must be yyyy/mm/dd unless specified differently.

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

- 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 VM/S: https://vmis.armyfamilywebportal.com/
- Once we received your Background request, you will receive an email from the Functional Manager (FM) with instructions, including appointment for Fingerprints.
- Per our local Security Office, you must reply to ALL and confirm or decline the given date (so they may reschedule). *If you arrive without confirming, you will be rescheduled.*
- **!!!**If your Fingerprints are not completed by the date given to you from the FM, your background request will be canceled and will have to be resubmitted**!!!**
- Once completed and IMCOM Worksheet 28L is received by the FM, your Background request will be submitted to the HUB in San Antonio to get the process started.
- 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) Angelika Schmidt (Angel) 915-568-9006 <u>angelika.a.schmidt.naf@army.mil</u> (Backup) Cherlyn Duran <u>cherlyn.m.duran.naf@army.mil</u> 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 <u>Volunteer Core at ACS for CYS</u> and <u>completing fingerprints</u>.

- 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 (3<sup>rd</sup>) 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 Cherlyn Duran 915-568-4198.

Volunteer Print Name

Volunteer Signature.

Date

CYS Representative Print Name

CYS Representative Signature.

Date







### PRINT in BLACK INK Only

Prefix: Mr.	Mrs.	Miss.	Ms.						
_ast: As reflected on official id	fficial identification *		First As reflect	First As reflected on official identification *		Middle As reflected on official identification *			
Maiden Name (Non	applicable -	- N/A)		Social Security N	umber				
Physical Address: St	reet			City	State	Zip Code			
Phone:									
Email Address									
Date of Birth (yyyyr	nmdd)		Place of E	Birth: Country	State	City			
Have you had any per	sonal experie	nce(s) involvir	ng children/	youth, if so please explair	۱.				
Approximate y  <u>DO NOT</u> list your You must list you	spouse or fan	nily members	as reference			CPAC/Job			
Reference #1 Ful	l Name, Telep	hone Number,	,						
Reference #2 Ful	l Name, Telep	hone Number,							
Reference #3 Ful	l Name, Telep	hone Number,							
Reference #4 Ful	l Name, Telep	hone Number,							
I declare under pe	naltv that th	e informatio	n containeo	d in this application for	m and anv at	tachments and documer			

submitted with my application are true and correct to the best of my knowledge, information, and belief.

Signature

CUI (when filled in)

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

OMB No. 0704-0516 OMB approval expires: 20241031

DD FORM 298	DD FORM 2981, DEC 2021 CUI (when filled in) Controlled by: OUSD(P&R) Page 1 of 3						
	Fail	lure to provide in	formation may res	ult in an unfavorat	ole adjudication decisio	n.	
(Yes or No)			(YYYYMMDD)	(Yes or No)			(YYYYMMDD)
c. 4th YEAR	(1) SIGNATURE		(2) DATE	d. 5th YEAR	(1) SIGNATURE		(2) DATE
(Yes or No)			(YYYYMMDD)	(Yes or No)			(YYYYMMDD)
a. 2nd YEAR	(1) SIGNATURE			b. 3rd YEAR	(1) SIGNATURE		
	• •	ation may be gro	ounds for dismissal	, termination, or d	ebarment from participa	ating in the pro	ogram.
No for each cate		riogram of an Inc	suent mat met Depa	Tumerit of Deletise (		ient of domesti	Cabuse : WIDER TES OF
					or have you otherwise bee criteria for child maltreatm		
(including the Ur	niform Code of Military	Justice), State la	w, County law, or M	unicipal law? (Do r	not include traffic fines of	less than \$300.	) In addition, are you
					<i>colunteers. Certify for the</i> te, or local authorities for		
a. SIGNATURE						0. 0/	
Advocacy Progr a. SIGNATURE	am of an incident that	met Department	or Detense criteria fo	or child maltreatmer	nt or domestic abuse? Ma	-	or each category.
current allegatio	n/investigation of child	d abuse/neglect of	r domestic violence,	or have otherwise t	been involved in any act of	or received noti	fication from the Family
					authorities for any violation. In addition, I will immed		
					port to my employer/sup		
		100					
(a) Month/ Year(MM/YYYY)	(b) Offense	e	(c) Action Taken	(d) Court or Law City & Country if ou	Enforcement Agency Itside the United States)	(e) (f) Zip State Cod	(g) Date of Self- Report(YYYYMMDD)
SEX CRIME:	Yes No	DOMESTIC		res No	OTHER: Yes	No	
NEGLECT:							
CHILD ABUSE/	otential mitigating infor	DRUG OR A		′es □No	VIOLENT CRIME/		
category. For a	ny YES answers, com	plete columns 1-6			e incident on page 2, blo		
	U U	•			otherwise been involved hild maltreatment or dom		
Uniform Code of	f Military Justice), Stat	te law, County law	or Municipal law? (	Do not include traff	ic fines of less than \$300	.) In addition, a	are you aware of a
6. Have you EVER	been apprehended, a	arrested, charged.	, or convicted by Fed	eral, State, or local	authorities for any violati	on of any Fede	ral law (including the
							,
3. DATE OF BIRT	H (YYYYMMDD) 4. IN	STALLATION/PF		L.		5. DATE	OF HIRE (YYYYMMDD)
,,			-		. ,		
	, and Middle Name) (Do	not use initials or ab	nidgements.)	2. OTHER NAM	E(S) USED		
DISCLOSURE: Volun children.	tary. However, failure to	provide all requeste	d information may resul	t in an unfavorable ad	judication or determination re	egarding suitabilit	y or fitness to work with
https://dpcld.defense.g	ov/Portals/49/Documents	s/Privacy/SORNs/OS	SDJS/DUSDI-02-DoD p	df			
potential violation of lav A complete list of routir		the applicable Syste	m of Records Notice (S	ORN), DUSDI-02 Dor	D, Personnel Vetting Records	s System, at	
territorial, tribal, foreign	, or international law enfo				epartment deems appropriat ler alone or in conjunction wi		
a suitability, credentiali	ng, or security investigati	ion, the classifying o	f jobs, the letting of a co	ontract, or the issuance	e of a license, grant or other	benefit by the req	uesting agency, to the
					orial, tribal, international, or find in a connection with the hiring		
					of 1974, these records may		
					ork with children in DoD child ractors working with children		
Programs; DoD Manua	I 1402.05, Background C	Checks on Individual	s in Department of Defe	nse Child Developme	nt and Youth Programs.		
					101, Access to Criminal Histo Background Checks on Indiv		
					Checks; Public Law 115-91,		
			PRIVACY AC	TSTATEMENT			
	@mail.mil. Respondents and if it does not display a contract of the second s			ner provision of law, r	o person shall be subject to	any penalty for fa	ning to comply with a
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							
					cluding the time for reviewing		

PREVIOUS EDITION IS OBSOLETE.

#### CUI (when filled in)

### 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:	Laboration of the second second	
	Guardian must grant permission below for the backgro ese checks and hereby provide consent for the backgr	
a. SIGNATURE OF PARENT/GUARDIAN (if und	er age 18)	b. DATE SIGNED (YYYYMMDD)
DD FORM 2981, DEC 2021	CUI (when filled in)	Page 2 of 3
	PREVIOUS EDITION IS OBSOLETE.	

## CUI (when filled in)

## 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.

DD FORM 2981, DEC 2021

## 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."

	1
ADAPCP CLIENT'S CONSENT STATEMENT FOR RELEASE OF TREATMENT INFORMATION	SECTION A:
For use of this form, see AR 600-85; the proponent agency is DCS, G-1.	1. Name field reflects client's first
SECTION A - CONSENT	
I,John Smith, this, day ofSeptember 2018 , (client's full name) do hereby voluntarily consent to the release of the following information by HODA ASAP	and last name, but will be accepted with the middle initial or full middle
(name of installation ADAPCP)	name.
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	2. Date field needs to include the last
for the purpose of completing a background check requirement in accordance with	two digits of the current year.
Department of Defense Instruction 1402.05 and Army Directive 2014-23.	3. The remaining fields are prefilled on the most current file located on
	the CDE sharepoint website. <b>If your</b>
namely,	form says anything other than what is reflected here, you have
*** see above***	
(extent or nature of information to be disclosed)	the wrong form!
SECTION B - EXPIRATION/REVOCATION	
(Check applicable paragraph)	SECTION B:
<ol> <li>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.</li> </ol>	1. Option 1 checked.           2. *Signature of client field can either
<ul> <li>- Or - (For disclosure to civilian criminal justice officials under the provisions of paragraphs 6-9b(4)(b) and 6-10e(3), AR 600-85)</li> </ul>	be digital or printed. . 3. Date field <b>MUST MATCH</b> the date
2. I understand that this consent automatically expires 60 days from today's date or when my present	field of the witness.
criminal justice system status changes to	4. Name of witness can either be
Further, I understand that if my release from confinement, probation, or parole is conditioned upon my	typed or printed. 5. Signature of witness can either be
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.	digital or printed.
	6. Date field of witness <b>MUST</b>
John Smith 09/06/2018	<b>MATCH</b> the date field of the client.
NAME OF WITNESS (1)pe or print) SIGNATURE DATE Jane Doe 09/06/2018	*If the applicant is a minor, a
SECTION C - APPROVAL AUDIORITY FOR RELEASE OF INFORMATION	parent or guardian must sign in
NOTE: Other than the MEDCEN/MEDDAC Commander, approval authority for release of information may be delegated to the Program Physician or the Clinical Director.	the "signature of client" field.
In my judgment, the release of an evaluation of the present or past status of	SECTION C:
in the alcohol or other drug treatment and rehabilitation program will not be harmful to him/her.	1. Leave Section C blank.
NAME OF MEDCEN/MEDDAC COMMANDER OR DESIGNATED REPRESENTATIVE (Type or prim)	
SIGNATURE	
DA FORM 5018-R, NOV 1981 APDLC V3.00ES	

ADAPCP CLIENT'S CONSEN	T STATEMENT FOR RELEASE O	F TREATMENT INFORMATIO	ON
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 installa)	tion ADAPCP)
pertaining to my identity, diagnosis, progn			
alcohol or other drug abuse education, trai	ning, treatment, renaointattion,	or research to <u>Child/ Fouri s</u>	SVCS Suitability Prog
	purpose of completing a backg	round check requirement in a	ccordance with
Department of Defense Instruction 1402.05 a	nd Army Directive 2014-23.		
			namely,
	*** see above***		
	(extent or nature of information to be disclo	losed)	
	SECTION B - EXPIRATION/REVOCAT (Check applicable paragraph)	ION	
<ol> <li>I understand that this consent au reliance thereon and that, except to the any time.</li> <li>(For disclosure to civilian criminal justice of the second second</li></ol>	e extent that such action has be - Or - fficials under the provisions of paragra	een taken, I can revoke this	consent at
<ol> <li>I understand that this consent au criminal justice system status change</li> </ol>		m today's date or when my	present
cininal justice system status change			
Further, I understand that if my releap participation in the ADAPCP, I cann termination or revocation of my relea	ot revoke this consent until ther	e has been a formal and ef	ipon my fective
SIGNATURE OF CLIENT		DATE	
NAME OF WITNESS (Type or print)	SIGNATURE	DATE	
SECTION C - AF NOTE: Other than the MEDCEN/MEDDAC Commana	PROVAL AUTHORITY FOR RELEAS		he Program
Physician or the Clinical Director.			
In my judgment, the release of an evaluation	on of the present or past status of	of	
		(client's	name)
in the alcohol or other drug treatment and NAME OF MEDCEN/MEDDAC COMMANDER OR DESIGNATED I			
		DATE	
SIGNATURE			
DA FORM 5018-R, NOV 1981			APD LC v3.00ES





## **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

CYS COORDINATOR SIGNATURE

Pat Smith CYS COORDINATOR PRINTED NAME

			ROFFICIAI						
<u>.</u>		VOLU	INTEER AC	_					
	CTIVITIES								
			VACY ACT						
AUTHORITY: 10 U.S.C. 1588, Aut Services in the Department of Defe PRINCIPAL PURPOSES(S): To a before a statutory individual is allow ROUTINE USES: There are no sp uses that are identified in each of th http://dpcld.defense.gov/Privacy/SC Volunteers (at http://dpcld.defense. Volunteer and Request Record (at DISCLOSURE: Voluntary; howeve voluntary services to Appropriated	nse. cknowledge and do ved to provide volu ecific routine uses ne following system DRNsIndex/DoD-wi gov/Privacy/SORN http://dpcld.defenss r, lack of a signed	ocument Volunte nteer services. anticipated for th so f records not ide-SORN-Articl IsIndex/DoD-wid e.gov/Privacy/S6 Volunteer Agree	eer Agreem his informat tices: (1) A e-View/Arti le-SORN-A ORNsIndex ement will li	ent for Ap ion; howe 0608b DF cle/57008- rticle-View c/DOD-wid mit Gover	propriated Fun ver, it may be s SC, Personal / 4/a0608b-cfsc/ v/Article/57042 e-SORN-Articl nment support	d Activities or Nonapprop subject to a number of pro Affairs: Army Community ); (2) NM01754-2, DON F 7/nm01754-2/); and (3) F( e-View/Article/569815/f03	riated Fund Instrumentalities per and necessary routine Service Assistance Files (at amily Support Program 036 AFDPC, Family Services 6-af-dp-c/).		
			- GENER		1				
1. NAME OF VOLUNTEER (Last,	2. NAME OF PA	ARENT/GUARD	IAN (If volu	inteer is	3. VOLUNTE	ERIS			
First, Middle Initial)		) (Last, First Mic			(Select on		OVER 🗌 UNDER AGE 18		
4. TELEPHONE NUMBER (Include Area Code)				5. E-MA	IL ADDRESS				
	PART II - VO	OLUNTEER AS		ſ (to be co	mpleted by Ac	cepting Official)			
6. INSTALLATION/COMPONENT ACTIVITY					AM WHERE E OCCURS 9. ANTICIPATED DAYS OF WEEK 10. ANTICIPATED HO				
		PART III -	VOLUNTE		TIFICATION				
12. CERTIFICATION I expressly agree that my service	ces (or those of my	minor child) are	e being prov	vided as a	volunteer and	that I will not be an emplo	wee of the United States		
overnment or any instrumentality volunteer services, tort claims, the am neither entitled to nor expect ar regulations applicable to voluntary and organization rules and procedu	thereof, except for Privacy Act, crimin by present or future service providers,	certain purpose al conflicts of int salary, wages, to participate in a	es relating to erest, and or other be any training	o compense defense o nefits for t required	sation for injurie f certain suits a hese voluntary to perform assi	es occurring during the pe irising out of legal malprad services. I agree to be bo igned voluntary duties, an	erformance of approved ctice. I expressly agree that I bund by the laws and		
				ENT/GUARDIAN (if 18)					
13.a. NAME OF ACCEPTING OFFICIAL (Last, First, Middle Initial) b. SIGNATURE			E	c. DATE SIGNED (YYYYMMDD)					
PART IV - TO BE COM	PLETED AT END	OF VOLUNTEE	R'S SERV	CE BY V	DLUNTEER SU	JPERVISOR AND SIGNE	D BY VOLUNTEER		
14. AMOUNT OF VOLUNTEER TIME DONATED	a. YEARS. (2,087 /	hours = 1 year)	b. WEEK	6	c. DAYS	d. HOURS 15. SERVICE END DATE (YYYYMMDD			
16.a. VOLUNTEER SIGNATURE	b. PARENT/GUA SIGNATURE under age 18,	(If volunteer is		a. NAME OF SUPERVISOR (Last, First, Middle Initial) b. SUPERVISOR'S SIGNATURE (YYYY)					
DD FORM 2793, MAR 201	8	PREV/	OUS EDITI	ON IS OB	SOLETE		AEM Designer Page 1 of 2		

			SERVICE RECORD					
	For use of this		08-1; the proponent agency is OACSIM.					
AUTHORITY:	5 USC Section 30 608-1, Army Comr	1, Department R	ACT STATEMENT egulations; 10 USC Section 3013, Secretary of the Army; and Army Regul enter.					
PRINCIPAL PURPOSE:			ormation on volunteers to assist in determining qualifications and task f positions held, hours volunteered, training and awards received.					
ROUTINE USES:		et Routine Uses"	set forth at the beginning of the Army's Complications of System of Recor					
DISCLOSURE:		Voluntary. However, failure to provide the requested information may exclude you from participating in the Arm Community Service Volunteer Program.						
			this record will be furnished for the personal file of the volunteer and a dupli transfer, a duplicate record will be furnished to the gaining organization u					
1. NAME OF VOLUNTEER (La	st, First, MI)		2. HOME ADDRESS (Street, City, State and ZIP Code)					
3. EMAIL ADDRESS								
4. TELEPHONE NUMBERS			5. SEX					
a. HOME			MALE FEMALE					
b. WORK			6. DATE OF BIRTH (YYYYMMDD)					
c. FAX 7a. SPONSOR NAME			7b. SPONSOR UNIT ADDRESS					
78. SPUNSUR NAME			70. SPONSOR UNIT ADDRESS					
8. Mark all the demographic dat the sponsor.	a that applies to the vol	unteer. Family m	embers of service members should indicate the branch of service and sta					
	ER [	ARMY						
(APF and NAF)	DYEE [	OFFICER	ENLISTED					
	MEMBER [	ACTIVE DU	TY RETIRED					
YOUTH FAMILY (Under age 18 ar		RESERVE	GUARD					
CIVILIAN (Not control the military)	onnected with	DECEASED						
9. CHILDREN AT HOME			10. INITIAL COMMITMENT					
	RESCHOOL	IN SCHOOL						
11. EDUCATION		ADVANCED DEGREE						
12. WORK EXPERIENCE								
13. VOLUNTEER EXPERIENC	E							
DA FORM 4162, JUL 200	•		MAY 1999, IS OBSOLETE. Pag					

14. SPECIAL SKILLS, INTEREST, HOBBIES

15. POSITIONS HEL	D											_	
START DATE (YYYYMMDD)					TYPE OF	POSITION						END (YYYY)	
		_						_					
											_		_
	-										-		
											_		
16. AWARDS AND S	SPECIAL R	ECOGNIT	ION										
DATE (YYYYMMDD)				TYPE OF A	WARD/SP	ECIAL REC	COGNITIO	N				PRESEM	NTED AT
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17. TRAINING									_				
DATE (YYYY <i>MMDD</i> )					TYPE OF	TRAINING						HOU	
											-		
18. VOLUNTEER AN		UR RECO	RD							-			
YEAR			T		I								
HOURS	1	1	1							ĺ			
19a. SIGNATURE										19b. E	DATE (	YYYYMME	(סכ
DA FORM 4162, JUL	2003												Page 2 of 2

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.	
(Descript	tion of volunteer service performed)
SECTION II - FOR APPROPRIATED FUND ORGANIZ	ATIONS
I understand that (name of child	d) will be performing as a volunteer
and he or she is not, because of these services, an employee of the United S	
instrumentality thereof (except for certain purposes relating to criminal confl	cts of interest, the Privacy Act, tort
claims and workman's compensation coverage concerning incidents occurrir	ng 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 ORGAN	IZATIONS
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	
any instrumentality thereof (except for certain purposes relating to tort claim	s and workman's compensation
coverage concerning incidents occurring during the performance of approve	d volunteer service as specified in
10 USC Section 1588(d)(2)) and shall receive no present or future salary, w	
for these volunteer services.	
TYPED/PRINTED NAME OF PARENT OR GUARDIAN	
SIGNATURE OF PARENT/GUARDIAN	DATE (YYYYMMDD)
DA FORM 5671, JUL 2003 DA FORM 5671, MAY 1999, IS OBSOLETE	APD LC v1.01ES

## 2 References On Form DA 3439

(Facility will fill those out and add to packet)

## and

# School Counselor Are needed



## To: NAME/MAILING ADDRESS OF SCHOOL

## Subject: Background Clearance

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

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

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

Pat Smith Child, Youth and School Services Coordinator

Student's Printed Name

Date

Custodial Parent's Printed Name

Custodial Parent's Signature

Data Required by the Privacy Act of 1974



Authority:Title 10, United States Code, Section 3012Principal Purpose:Information is used by DA personnel to identify CYS volunteers.Routine Uses:Provide household, background, and reference informationDisclosures:Disclosure of requested information is voluntary; however, if<br/>information is not provided, volunteer positions may be<br/>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/Youth 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 offlimits 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 counts 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.

SUZANNE V. KING Chief, Child and Youth Services

## CYS PROFESSIONAL'S CREED

I am an Army CYS professional trained in my duties. I serve Department of Defense Families who protect the nation by protecting their children/youth, and ensure accountability for children/youth in my care.

I will always provide a safe, nurturing, and enriching environment. Never will I put children/youth in harm's way or allow others to do so. I will build trust with parents so they can concentrate on their mission. I will always treat Families with the dignity and respect they deserve. Army professionals are key members of the Army Team. I am an Army professional.

My signature acknowledges that I have read, understand, and will comply with the CYS Professional's Creed and the Standards of Conduct and Accountability SOP.

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.

## <u>Year 1:</u>

CYS Personnel Signature	Print Name	Date	
Year 2:			
CYS Personnel Signature	Print Name	Date	
<u>Year 3:</u>			
CYS Personnel Signature	Print Name	Date	