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 Signatures need to be done in Black ink. AND you need to Sign & Date it when turning in the packet after it has been verified by facility.

Once We received your Background request, you will receive an email from

angelika.a.schmidt.naf@mail.mil (Angel)

or my backup

maria.g.marshall2.naf@mail.mil (Maria)

with a IMCOM 28 attached to go get Finger printed

You must do so within 2 working days.

Once I receive the IMCOM 28 completed from the BCA office, I than can submit your packet for the backgrounds to get started.

!!!If your Fingerprints are not completed within 7 Calendar days from the date signed on the IMCOM 28, I will cancel your background request!!!

Any Questions? Call

Angel 915-568-9006

Maria 915-568-4466

Ft. Bliss CYS Procedures For Signing up PROSPECTIVE VOLUNTEERS *updated 25 March 2019*		
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) ***PLEASE ensure the applicant knows NOT to sign and date until the day he/she turns it back in as dates have to match.***	**REP:**
Step 4.	Instruct Volunteer that we need full Name (which includes Last, First & Middle/some cases MI), full address, (which includes building number, City, State & Zip Code), place born (that includes Country, State & City). **"SEE CHECKLIST for Verifying Background Packets"**	**REP:**
Step 5.	Instruct Volunteer that references must be 4 former/current supervisors/professionals; for teens can be a coach, teacher, counselor, Scout leader, Church group Leader, etc.	**REP:**
Step 6.	Volunteer returns packet **to Program.** NOT Signed and dated	**REP:**
Step 7.	Program REP reviews forms to ensure all sections are completed correctly and legibly and verifies	**REP:**
Step 8.	**Program Director** ensures that Applicant signs and dates all documents before Director Signs and dates. ***"Dates have to match" Director Must have Same date as Applicant"***	**DIRECTOR:**
Step 9.	Program calls 2 Supervisors/Professional References (not family related) Friends are always last choice. Can give DA Form 3439 to volunteer – Must use this form	**REP:**
Step 10.	Program reviews the Statement of Understanding and Touch Policy with the Volunteer and has Volunteer sign the Caregiver's Creed (Program & PC only need signature page)	**REP:**
Step 11.	**SCAN AND EMAIL PACKET TO ELVIA; ANGEL & MARIA – Have to have DIGITAL PDF Format** "Last Name, First Name – VOL applicant" FCC "Last Name, First Name – FCC applicant (or FCC spouse / FCC child) **FCC Packets go to Angel & Christian** FCC "Last Name, First Name – FCC applicant (or FCC spouse / FCC child)	**REP:**
Step 12.	Attach this sheet to completed packet	**REP:**
***Step 13.**	IMCOM 28 for Fingerprints will be sent to Volunteer by Angel/Maria/Christian	**REP:**
***Step 14.**	**FINGERPRINTS MUST BE COMPLETED WITHIN 7 CALENDAR DAYS from the day IMCOM 28 was signed by Angel or backup. Anything past the signature date and the IMCOM 28 is no longer valid.**	**Rep.**
***Step 15.**	**Angel/Maria initiates background checks once they receive the completed IMCOM 28 from the BCA office. NOT BEFORE** ***(except FCC and Contractors as they go in by appointment after request has been submitted and WOT has been received)***	**REP:**
***Step 16.**	A. **Background checks are all clear**: 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 and final checklist from Angel/Maria and confirmation Volunteer may begin	**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 !!!! All other Volunteers can schedule their Orientation and training once Fingerprints are completed and IMCOM 28 has been returned to Angel with BCA's Signature and date.		
Parent Central Services		
When Volunteer comes or calls PCS 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 1.	PC staff ensure packet is signed by program staff and References are attached, leave at Elvia's work station if not signed or References are missing, have volunteer go back to program for completion	**REP:**
Step 2.	Elvia reviews packet to ensure all is complete before scanning to Angel, Maria & Program.	**REP:**

Indicates changes

Signature of Person receiving packet: _____ **Date: _____**

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

Fort Bliss, TX
Child and Youth Services
Volunteer/Contractor Application

packet updated 03-07-2019

PRINT in BLACK INK Only

Full Name *(Last, First, Middle)* _____ Social Security Number _____

Maiden Name and/or Previous Name(s) *(If applicable)* _____

Complete Physical Home Address including Zip Code _____

Phone (Home and/or Cell) _____ Work Telephone_____

Email Address _____ Highest Education _____

Date of Birth_____ Place of Birth (Country/City/State) _____

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

_____

2. **PLEASE CIRCLE ACTIVITY YOU ARE APPLYING FOR**

*Youth Sports
Coaching
Officiating
Other
(help in centers)

*Child and Youth Services Administration
*Schools of Knowledge, Inspiration, Exploration and Skills *(SKIES)*
*Family Child Care *(FCC)*
applicant/Spouse
*School Liaison Office *(SLO)*

*Child Development Center
Please circle
Main CDC; Replica CDC; Logan CDC; Milam CDC; East CDC
*School Age Center
Please circle
Bliss Sac; Logan Sac; Milam SAC
*Middle School Teen
Please circle
Replica YC; Milam YC

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

_____
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

Application Revised on 25 October 2018

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

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

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

TYPED/PRINTED NAME OF PARENT OR GUARDIAN	
N/A	
SIGNATURE OF PARENT/GUARDIAN	DATE *(YYYYMMDD)*
N/A	N/A

SECTION III - FOR NON-APPROPRIATED FUND ORGANIZATIONS

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

TYPED/PRINTED NAME OF PARENT OR GUARDIAN	
√	
SIGNATURE OF PARENT/GUARDIAN	DATE *(YYYYMMDD)*
√	√

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

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

The public reporting burden for this collection of information, **OMB Control Number** 0704-0516, is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 10450 and/or 34 U.S. Code § 20351; DoD Instruction 1402.05, Criminal History Background Checks on Individuals in Child Care Services Programs; DoD Manual 1402.05, Background Checks on Individuals in Department of Defense Child Development and Youth Programs.
PRINCIPAL PURPOSE(S): To require individuals who come into regular, reoccurring contact with children under the age of 18 years to self-report any arrests, charges or convictions that would keep the individual from obtaining or maintaining a favorable suitability or fitness determination. Programs impacted are referenced within the 34 U.S. Code § 20351 and include impacted individuals such as employees, DoD contractors, family child care providers, adults residing in a family child care home, volunteers, and others with regular reoccurring contact with children. Individuals who work or volunteer in DoD Child Development and Youth Programs must annually self-report changes to his or her status utilizing this form. All individuals required to complete this form must immediately self-report to their employer/supervisor if they are arrested, charged, convicted, or met criteria for any offense listed on the form. When completed, records are covered by one of the appropriate SORNs:
Army: http://dpcld.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570012/a0215-fmwrc.aspx
Navy: http://dpcld.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570428/nm01754-3.aspx
Air Force: http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569755/f034-af-sva-c/
ROUTINE USES: This form will be initiated by DoD staff and will be maintained in the initiating DoD offices and/or appropriate Human Resources or Security Offices. Information received as a result of this release may be used to assess interim/on-going or final suitability or fitness for DoD personnel working with children. ONLY DoD Child Development and Youth programs are required to update and sign annually. A copy of the form is maintained in the staff member's personnel file. The DoD "Blanket Routine Uses" found at http://dpcld.defense.gov/Privacy/SORNsIndex/Blanket-Routine-Uses/ may apply to these records.
DISCLOSURE: Voluntary; however, failure to furnish all requested information may result in an unfavorable adjudication decision and may affect suitability/fitness.

1. **NAME** *(Last, First, and Middle Name) (Do not use initials or abridgements.)*	2. **OTHER NAME(S) USED**

3. **DATE OF BIRTH** *(MM/DD/YYYY)*	4. **INSTALLATION/PROGRAM NAME**	5. **DATE OF HIRE**

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

CHILD ABUSE/ NEGLECT: ☐ Yes ☐ No
DRUG OR ALCOHOL: ☐ Yes ☐ No
VIOLENT CRIME/ ASSAULTIVE BEHAVIOR: ☐ Yes ☐ No
SEX CRIME: ☐ Yes ☐ No
DOMESTIC VIOLENCE: ☐ Yes ☐ No

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

7. I certify that the information provided above is accurate. I understand that I must immediately report to my employer/supervisor or Child and Youth Program representative if I am arrested, charged, convicted, or met criteria for any offense referenced in block 6.

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

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

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

a. **2nd YEAR** *(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, and/or state agencies, and/or foreign governments, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Investigation Service (DIS), the U.S. Office of Personnel Management (OPM), the Department of Homeland Security (DHS), (if applicable), and from the State Criminal History Repository for each state where I have resided. This authorization is valid for one year from the date this form was signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

I have been notified of any employer's or Agency's right to require a criminal history records check as a condition of employment, or affiliation with DoD Child Care Services Programs. I understand that I may request a copy of such records as may be available to me under the law. I understand that I have a right to challenge the accuracy and competencies of any information contained in the criminal history records check report. I also understand that pursuant to the Privacy Act, the information collected will be confidential, and disclosure limited to purposes authorized under the Privacy Act - mainly to conduct the background check.

I release any individual, including records custodians, any component of the United States Government or the individual State Criminal History Repository supplying information, from all liability for damages that may result on account of compliance, or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

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

a. SIGNATURE	b. DATE SIGNED *(YYYMMDD)*

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 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; confinement in closets, boxes, or similar places; time away/timeout; binding to restrict the movement of mouth or limbs; humiliation, verbal abuse, taunting or teasing; 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.

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 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 and 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.

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 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.

12. As a mandated reporter I will immediately and directly report to the Reporting Point of Contact (RPOC) and State Child Protective Services (CPS) (if located in the U.S.) any incident I witness which a reasonable person would consider child abuse or neglect.

13. 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.

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

15. 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 (does not apply to FCC Providers).

16. 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.

17. 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, instagram, 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 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 at work.

18. 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 Standard 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.

CYS Personnel Signature	Print Name	Date

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

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!

Tephanie Hopper
Tephanie.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

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

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	