



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 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.
- VMIS is now in a new location please follow link and register. (ALL Volunteers are required to register in VIMIS)
 Volunteer Management Information System https://vmis.armyfamilywebportal.com/
- Once we received your Background request, you will receive an email from the Functional Manager (FM) with the Security_DHR Fingerprint Request Worksheet (S_DHR_FPRW) attached and email instructions, including appointment for Fingerprints.
- "Please follow instructions in the email from your FM"

 And return the completed S DHR FPRW to your FM as soon as completed
- !!!If your Fingerprints are not completed by the dategiven to you from the FM, your background request will be canceled and will have to be resubmitted!!!
- Once completed and S_DHR_FPRW is received by the FM, your Background request will be submitted to the HUB in San Antonio to get the process started.

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

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

Any Questions? Call or email

(FM) Angel 915-568-9006 <u>angelika.a.schmidt.naf@army.mil</u>
(Backup) Kimberly Souza 915-568-4198 kimberly.l.souza.naf@army.mil







PRINT in BLACK INK Only

Prefix: Mr Mrs Miss	Ms		
Last: As reflected on official identification *	First As reflected on official identification	* Middle	As reflected on official identification *
Maiden Name (Non applicable – N/A)	Social Security Nu	mber	
Physical Address: Street	City	State	Zip Code
Phone:	Work Phone:		
Email Address			
Date of Birth (mm/dd/yyyy)	Place of Birth: Country	State	City
Have you had any personal experience(s) involvi	ing children/youth, if so please explain.		
Transfer (moved here less than 2 years as Approximate year backgrounds where co	ompleted Completed By: CDE/Volunteer position s as references. rs and or professionals		CPAC/Job
Reference #2 Full Name, Telephone Numbe	r,		
Reference #3 Full Name, Telephone Number	r,		
Reference #4 Full Name, Telephone Number	r,		
I declare under penalty that the information submitted with my application are tr		-	
Signature		mm/dd/yyy	/y)

DD Form 2981 Additional Instructions

The DD Form 2981 version OCT 2018 is a self-disclosure and background check consent form that must be completed and submitted with initial and reverification background check requests (BCR) by all personnel who have regular, recurring contact with children under the age of 18. Annual completion of this form is only required for CYS personnel (employees, volunteers, contractors, FCC providers). **Detailed instructions for completing this form are found of page 3 of the DD Form 2981.**

Procedures:

- The functional manager (FM) and/or Contracting Officer's Representative (COR) will provide the DD
 Form 2981 to the applicant as part of required documentation for submission of all initial and
 reverification BCR. CYS Employees only- NAF HRO will provide the completed form to CYS
 management prior to on-boarding for record keeping and to use in satisfying annual certification
 requirements.
- Applicant will complete fields 1 thru 7 a-b (self-reporting of arrests, charges, or convictions), and 10 a-b (authorization and release certification). DD Form 2981 replaces the Army IRCR (DA Consent/Release) form. NOTE- Minors must sign/date in block 7 a/b with parental consent/signature/date in block 10 a/b.
- 3. FM and/or COR will review the DD Form 2981 for accuracy, completeness, and annotation of any self-disclosed derogatory information in block No. 6. Derogatory information in block 6 must be completed in full. If additional space is needed, use block 9.
 - a. If mandatory/automatic disqualifying derogatory information is self-disclosed IAW Clarifying Policy in Army Directive 2014-23 (FEB 2018) the FM will complete the "Notification of Mandatory/Automatic Disqualification" memorandum and provide to the applicant for signature. The process STOPS and the FM does not submit a BCR to the FSH CDE Hub.
 - b. If discretionary/presumptive disqualifying derogatory information is self-disclosed IAW Clarifying Policy in Army Directive 2014-23 (FEB 2018) and the FM does not wish to proceed, the FM will complete the "Notification of Discretionary/Presumptive Disqualification" memorandum and provide to the applicant for signature. The process STOPS and the FM does not submit a BCR to the FSH CDE Hub.
 - c. Any self-disclosure documents with Discretionary/Presumptive derogatory information sent to the FSH CDE Hub for action will be a presumed concurrence that the FMgr and/or COR wishes to proceed with the BCR process.
- 4. When no self-disclosures are annotated by the applicant or after review of self-disclosures are made by the FM/COR, the DD Form 2981 will be submitted as part of the required documentation for all child services BCR to the FSH CDE Hub.
- 5. <u>ALL ORGANIZATIONS:</u> 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 this form. The subject is required to complete a **new** DD Form 2981 to reflect these incidents.
- 6. **CYS ONLY:** The completed DD Form 2981 will be maintained by the FM for record keeping and completion of the annual certification requirement. Blocks 6 (if applicable) and 8 must be certified annually by the subject. If additional space is needed, use block 9. Annual certifications are NOT sent to the FSH CDE Hub.

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DD Form 2981 Additional Instructions

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; Dol 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:

NOTE: 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 this form. The subject is required to complete a **new** DD Form 2981 to reflect these incidents.

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	tine for reviewing in in ormation. Send of at whs.mo-alex.esd	nstructions, searchi comments regarding i.mbx.dd-dod-inforn	ing existing data source g the burden estimate (nation-collections@ma	es, gathering and m or burden reduction : il.mil. Respondents :	aintaining the data n suggestions to the D should be aware tha	timated to average 15 minutes eeded, and completing and rev epartment of Defense, Washin t notwithstanding any other pro urrently valid OMB control num	viewing the ogton Head ovision of la	collection of iguarters Services,
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			ORNsindex/DODwide80 oy/80RNsindex/DOD-wi					
	ROUTINE USES: Th	is form will be initiated	by DoD staff and will be r	maintained in the initiat	ing DoD offices and/or	appropriate Human Resources or S		
	received as a result of	f this release may be u	used to assess interim/on-	going or final suitability	or filmess for DoD pers	onnel working with children. ONLY ersonnel file. The DoD "Blanket Ro	DoD Child	Development and
	doold.defense.gov/P	rivacy/\$ORNsindex/	Blanket-Routine-Uses/ n	nay apply to these reco	rds.			
	DISCLOSURE: Volu	ntary; however, failure	to furnish all requested in	formation may result in	an unfavorable adjudk	ration decision and may affect suita	biltyfffness	L
	1. NAME (Last, Fire	st, and Middle Name)	(Do not use Initials or abri	idgements.)	2. OTHER NAME(S) USED		
	3. DATE OF BIRT	TH (MM/DD/YYYY)	4. INSTALLATION/F	PROGRAM NAME			5. DATE (OF HIRE
								U
2	Municipal law, of fines of less that of the form in bi	or met the Family A an \$300.) (X one) N	dvocacy criteria for chi	lid maitreatment? (D	o not include anythir nswered "Yes," expli	dion of any Federal law, Militar ig that happened before your 1 aln your answer in the space pr	6th birthda	y. Leave out traffic
	CHILD ABUSE/ NEGLECT: SEX CRIME:	Yes N			NO A	OLENT CRIME/ SSAULTIVE BEHAVIOR:	Yes	No
	(1) MONTH/	(2) OF	ENCE	(3) ACTION		COURT foutside the United States)	(5) STATE	(6) ZIP CODE
	YEAR	(2) 011	LHUL	TAKEN	(City & Country	Youtside the United States)	STATE	(O) Zii OODZ
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	 I certify that the representative in 	Information provid If I am arrested, cha	ed above is accurate. arged, convicted, or me	I understand that I net criteria for any offe	nust immediately rep ense referenced in bi	ort to my employer/supervisor ock 6.	or Child ar	nd Youth Program
4	a. SIGNATURE						b. DAT	E (YYYYI,11,100)
						unteers) or local authorities for any viola eatment. parment from participating in		
_ [a. 2nd YEAR	(1) SIGNATURE	rmadon may be grou	(2) DATE	b. 3rd YEAR	parment from participating in	rate brogi	am. (2) DATE
6	(Yes or No)	.,		(YYYYMMXDD)	(Yes or No)	· ·		(YYYYMMDD)
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	c. 4th YEAR (Yes or No)	(1) SIGNATURE		(2) DATE	d. 5th YEAR (Yes or No)	(1) SIGNATURE		(2) DATE (YYYYMMDD)
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	l	'	railure to provide info	ormation may resul	t in an unfavorable	adjudication decision.		
- 1	DD EODM 200	1 OCT 2018		DREVIOUS EDITION	ON IS OBSOLETE			Page 1 of 3

- 1 Date of Hire: Subject will leave this blank. FM will complete this block with the subject's first day of work.
- 2 <u>Self-Disclosure:</u> Subject will place an X in the appropriate box stating if they have or haven't been 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.
- <u>Oerogatory Information:</u> Any "yes" answers in block No. 6 require an explanation. Subject must provide all information reflected in columns 1 thru 6. If additional space is needed, use block 9 on page 2.
- 4 <u>Signature/Date:</u> Subject will sign and date (YYYYMMDD format) in order to certify all information provided is accurate. *Minor applicants must sign/date this block.*
- Annual Certification (CYS ONLY):
 CYS personnel are required to certify
 this form annually. FM- do not send
 annual updates of this form to the
 FSH CDE Hub.

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DD Form 2981 Additional Instructions

	CRIMINAL HISTORY AND STATEMENT OF ADM partment of Defense Child Care Services Progra	
9. NOTES (Use this space to enter additional co.	imments.)	2,
10. AUTHORIZATION AND RELEASE CE	ERTIFICATION	
1		
government, and/or state agencies, and/or f Defense Investigation Service (DIS), the U.s applicable), and from the State Criminal His	Defense and other authorized federal agencies to obtain a foreign governments, including but not limited to, the Fec S. Office of Personnel Management (OPM), the Departh slory Repository for each state where I have resided. Thi ination of my affiliation with the Federal Government, whi	leral Bureau of Investigation (FBI), the ent of Homeland Security (DHS), (if is authorization is valid for one year from
I have been notified of any employer's of affiliation with DoD Child Care Services Prothe law. I understand that I have a right to of	or Agency's right to require a criminal history records che ograms. I understand that I may request a copy of such r challenge the accuracy and competencies of any informa at pursuant to the Privacy Act, the information collected w	ck as a condition of employment, or ecords as may be available to me under tion contained in the criminal history
History Repository supplying information, fro with this authorization. This release is bindi	rds custodians, any component of the United States Gow om all liability for damages that may result on account of ing, now and in the future, on my heirs, assigns, associal ow my signature are as valid as the original release sign	compliance, or any attempts to comply les, and personal representative(s) of any
"I, (Parent or Legal Guardian I	ble by law and could result in fines and/or imprisonment in name) hereby provide consent for the bunderstand the purpose of the checks."	
a. SIGNATURE	a specification of the second	b. DATE SIGNED (YYYIMIOO)
2		
DD FORM 2981, OCT 2018	PREVIOUS EDITION IS OBSOLETE.	Page 2 of 3

1 Notes: Subject will use this area if additional space is needed to provide additional information on self-disclosed derogatory information.

2 Authorization and Release Certification: Subject will sign and date (YYYYMMDD format) in order to authorize agencies to obtain information required to complete the child services background checks and investigations required IAW Army policy. This authorization will be used by the DAG1 CSSC in lieu of the Army IRCR form. Use of the Army IRCR form will be discontinued upon implementation of DD Form 2981.

Parent or Guardian must sign/date block 10 a/b for Minors and write the following statement:

"I, (Parent or Legal Guardian <u>name</u>) hereby provide consent for the background check of (the minor child's name) a minor, and I understand the purpose of the checks."

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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.

. NAME (Last	t, First, and Middle Name) (Do not use initials or a	abridgements.)	2. OTHER NAME	:(S) USED		
3. DATE OF E	BIRTH (MM/DD/YYYY) 4. INSTALLATIO	N/PROGRAM NAME			5. DATE O	F HIRE
Municipal la		child maltreatment? (Do	o not include anythi nswered "Yes," exp	ning that happened before your plain your answer in the space p	16th birthday provided belo	y. Leave out traff ow or on the back
NEGLECT: SEX CRIME:	Yes No DRUG OR	ALCOHOL: Yes	es No A	VIOLENT CRIME/ ASSAULTIVE BEHAVIOR:	Yes	No
(1) MONTH/ YEAR	(2) OFFENSE	(3) ACTION TAKEN	(City & Country	(4) COURT y if outside the United States)	STATE	(6) ZIP CODE
	41					
7. I certify tha	t the information provided above is accurat tive if I am arrested, charged, convicted, or	te. I understand that I m	nust immediately re	eport to my employer/supervisor	r or Child an	d Youth Program
a. SIGNATUR	•	mor ontone	100 101	block 5.	b. DATE	E (YYYYMMDD)
In the past Military law	CERTIFICATIONS (Required by Child Dev year, have you been arrested, apprehende , State law, County or Municipal law or me	ed, charged, or convicted et the Family Advocacy c	d by Federal, State criteria for child mal	e, or local authorities for any vio Itreatment.		
	disclose accurate information may be g				n the progr	
a. 2nd YEAR (Yes or No)	(1) SIGNATURE	(2) DATE (YYYYMMDD)	b. 3rd YEAR (Yes or No)	(1) SIGNATURE		(2) DATE (YYYYMMDI
c. 4th YEAR (Yes or No)	(1) SIGNATURE	(2) DATE (YYYYMMDD)	d. 5th YEAR (Yes or No)	(1) SIGNATURE		(2) DATE

BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSIO	N
(Department of Defense Child Care Services Programs)	60
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 infogovernment, and/or state agencies, and/or foreign governments, including but not limited to, the Federal But Defense Investigation Service (DIS), the U.S. Office of Personnel Management (OPM), the Department of applicable), and from the State Criminal History Repository for each state where I have resided. This authorite date this form was signed or upon termination of my affiliation with the Federal Government, whichever	ureau of Investigation (FBI), the Homeland Security (DHS), (if orization is valid for one year from
I have been notified of any employer's or Agency's right to require a criminal history records check as a affiliation with DoD Child Care Services Programs. I understand that I may request a copy of such records the law. I understand that I have a right to challenge the accuracy and competencies of any information correcords check report. I also understand that pursuant to the Privacy Act, the information collected will be copurposes authorized under the Privacy Act - mainly to conduct the background check.	as may be available to me under ontained in the criminal history
I release any individual, including records custodians, any component of the United States Government History Repository supplying information, from all liability for damages that may result on account of compli with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and nature. Copies of this authorization that show my signature are as valid as the original release signed by n	ance, or any attempts to comply d personal representative(s) of any
WARNING: False statements are punishable by law and could result in fines and/or imprisonment for up to	o five years.
"I,(Parent or Legal Guardian name) hereby provide co	
of (child's name) a minor, and I understand the purpose of the	
a. SIGNATURE	b. DATE SIGNED (YYYMMDD)
	JATE SIGNED (TTTWINDU)

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

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

ADAPCP CLIENT'S CONSENT STATEMENT FOR RELEASE OF TREATMENT INFORMATION	SECTION A:
For use of this form, see AR 800-85; the proponent agency is DCS, G-1.	
SECTION A - CONSENT	1. Name field reflects client's first
I, John Smith , this 6 day of September 2018 , do hereby voluntarily consent to the release of the following information by HQDA ASAP [name of installation ADAPCP] pertaining to my identity, diagnosis, prognosis, or treatment from any Army record maintained in connection with alcohol or other drug abuse education, training, treatment, rehabilitation, 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.	and last name, but will be accepted with the middle initial or full middle name. 2. Date field needs to include the last two digits of the current year. 3. The remaining fields are prefilled on the most current file located on the CDE sharepoint website. If your form says anything other than
namely,	what is reflected here, you have
*** see above***	· · ·
(extent or nature of information to be disclosed)	the wrong form!
SECTION B - EXPIRATIONREVOCATION (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 CUENT Ophn Smith NAME OF WITNESS (Type or pring) SIGNATURE DATE 09/06/2018	SECTION B: 1. Option 1 checked. 2. *Signature of client field can either be digital or printed. 3. Date field MUST MATCH the date field of the witness. 4. Name of witness can either be typed or printed. 5. Signature of witness can either be digital or printed. 6. Date field of witness MUST MATCH the date field of the client. *If the applicant is a minor, a parent or guardian must sign in
SECTION C - APPROVAL AUTHORITY FOR RELEASE OF INFORMATION	the "signature of client" field.
NOTE: Other than the MEDCEN/MEDDAC Commander, approval authority for release of information may be delegated to the Program Physician or the Clinical Director.	l signature of elleric from
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 MEDCENAMEDDAC COMMANDER OR DESIGNATED REPRESENTATIVE (Type or print) DATE	SECTION C: 1. Leave Section C blank.
DA FORM 5018-R, NOV 1981 APDLCV3.00ES	

ADAPCP CLIENT'S CONSENT STATEMENT FOR RELEASE OF TRE	EATMENT INFORMATION
For use of this form, see AR 600-85; the proponent agency is DCS	, G-1.
SECTION A - CONSENT	
I,, this,	day of
(client's full name) do hereby voluntarily consent to the release of the following information by HC	DDA ASAP
pertaining to my identity, diagnosis, prognosis, or treatment from any Army red	(name of installation ADAPCP) cord maintained in connection with
alcohol or other drug abuse education, training, treatment, rehabilitatiton, or res	search 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.	
*** see above***	namely,
(extent or nature of information to be disclosed)	
SECTION B - EXPIRATION/REVOCATION (Check applicable paragraph)	
 I understand that this consent automatically expires when the above reliance thereon and that, except to the extent that such action has been ta any time. Or - (For disclosure to civilian criminal justice officials under the provisions of paragraphs 6- 	ken, I can revoke this consent at
2. I understand that this consent automatically expires 60 days from too	day's date or when my present
criminal justice system status changes to	
Further, I understand that if my release from confinement, probation, or p participation in the ADAPCP, I cannot revoke this consent until there has termination or revocation of my release from such confinement, probation	been a formal and effective
SIGNATURE OF CLIENT	DATE
NAME OF WITNESS (Type or print) SIGNATURE	DATE
SECTION C - APPROVAL AUTHORITY FOR RELEASE OF I	NFORMATION
NOTE: Other than the MEDCEN/MEDDAC Commander, approval authority for release of informal Physician or the Clinical Director.	tion may be delegated to the Program
In my judgment, the release of an evaluation of the present or past status of	
in the alcohol or other drug treatment and rehabilitation program will not be ha	(client's name) rmful to him/her.
NAME OF MEDCEN/MEDDAC COMMANDER OR DESIGNATED REPRESENTATIVE (Type or print)	DATE
SIGNATURE	





CYS - Teen Volunteer Job Description

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

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

CYS COORDINATOR SIGNATURE

Pat Smith

CYS COORDINATOR PRINTED NAME

FOR OFFICIAL USE ONLY

		VOLU	NTEER AGREEM	ENTFOR			
APPROPRIATED FUND AC	CTIVITIES		X	NONAPPROPRI	ATED FUND INSTRUME	NTALITIES	
		PRIV	ACY ACT STAT	EMENT			in the second
AUTHORITY: 10 U.S.C. 1588, Auth Services in the Department of Defen PRINCIPAL PURPOSES(S): To ack before a statutory individual is allower ROUTINE USES: There are no specuses that are identified in each of the http://dpcld.defense.gov/Privacy/SOf Volunteers (at http://dpcld.defense.g Volunteer and Request Record (at http://dpcld.defense.g Volunteer and Request Record (at http://dpcld.defense.g Volunteer and Request Record (at http://dpcld.defense.g Voluntary; however, voluntary services to Appropriated Fig. 15 The Private Record (at http://dpcld.defense.g	se. knowledge and do ad to provide volur cific routine uses a bollowing system: RNsIndex/DoD-wid ov/Privacy/SORNs ttp://dpcld.defense l lack of a signed \	cument Volunted teer services. Inticipated for this s of records notified de-SORN-Article Index/DoD-wide gov/Privacy/SO Jolunteer Agree	er Agreement for a sis information; howes: (1) A0608b In-View/Article/570 In-SORN-Article-View/ARNsIndex/DOD-ment will limit Government will limit Government will sistem in the sistem of the sistem	Appropriated Fun wever, it may be s DFSC, Personal A 084/a0608b-cfsc/ ew/Article/57042 vide-SORN-Article ternment 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	pper and ned Service Ass Family Suppo 036 AFDPC 36-af-dp-c/).	essary routine sistance Files (at ort Program , Family Services
		PART 1	- GENERAL INF	ORMATION			
1. NAME OF VOLUNTEER (Last, First, Middle Initial)		RENT/GUARDIA (Last, First Midd	AN (If volunteer is dle Initial)	3. VOLUNTE (Select or		OVER	UNDER AGE 18
4. TELEPHONE NUMBER (Include	Area Code)		5. E-N	IAIL ADDRESS		,	
	PART II - VO	LUNTEER ASS	IGNMENT (to be	completed by Ac	cepting Official)		4
6. INSTALLATION/COMPONENT ACTIVITY	7. ORGANIZATI WHERE SER	ON/UNIT VICE OCCURS	8. PROGRAM V SERVICE OC		ANTICIPATED DAYS OF VEEK	10. ANTI	CIPATED HOURS
11. DESCRIPTION OF VOLUNTEE		PART III -	VOLUNTEER CE	RTIFICATION			
12. CERTIFICATION I expressly agree that my service Government or any instrumentality the volunteer services, tort claims, the Parm neither entitled to nor expect any regulations applicable to voluntary stand organization rules and procedura. SIGNATURE OF VOLUNTEER	hereof, except for rivacy Act, crimina present or future ervice providers, to	certain purposes al conflicts of inte salary, wages, co participate in a e voluntary serv b. SIGNATURE	s relating to comp erest, and defense or other benefits fo ny training require	ensation for injuri- e of certain suits a or these voluntary ed to perform ass or child) will be pro-	es occurring during the pearising out of legal malpra e services. I agree to be be igned voluntary duties, ar	erformance of ctice. I expround by the nd to follow a	of approved essly agree that I laws and all installation, unit
13.a. NAME OF ACCEPTING OFFI (Last, First, Middle Initial)	CIAL	b. SIGNATURE			c. DATE SIGNED (Y	YYYMMDD)	
PART IV - TO BE COMP	LETED AT END (OF VOLUNTEER	R'S SERVICE BY	VOLUNTEER SI	JPERVISOR AND SIGNE	ED BY VOLU	JNTEER
14. AMOUNT OF VOLUNTEER TIME DONATED	YEARS. (2,087 h	ours = 1 year)	b. WEEKS	c. DAYS	d. HOURS		RVICE END TE (YYYYMMDD)
16.a. VOLUNTEER SIGNATURE	b. PARENT/GUA SIGNATURE under age 18)	(If volunteer is		DF SUPERVISOR rst, Middle Initial)	I R CHDEDVICADIC CI	GNATURE	c. DATE SIGNED (YYYYMMDD)

*		R SERVICE RECORD 608-1; the proponent agency is OACSIM.
30.000 C.		Y ACT STATEMENT
AUTHORITY:	5 USC Section 301, Department F 608-1, Army Community Service	Regulations; 10 USC Section 3013, Secretary of the Army; and Army Regulation Center.
PRINCIPAL PURPOSE:		nformation on volunteers to assist in determining qualifications and task of positions held, hours volunteered, training and awards received.
ROUTINE USES:	None. The "Blanket Routine Uses Notices apply to this system.	s" set forth at the beginning of the Army's Complications of System of Records
DISCLOSURE:	Voluntary. However, failure to pro Community Service Volunteer Pro	ovide the requested information may exclude you from participating in the Army ogram.
		of this record will be furnished for the personal file of the volunteer and a duplicate of transfer, a duplicate record will be furnished to the gaining organization upon
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
Mark all the demographic da the sponsor.	ta that applies to the volunteer. Family	members of service members should indicate the branch of service and status of
SERVICE MEME	BER ARMY	AIR FORCE NAVY MARINE
CIVILIAN EMPLO	OYEE OFFICER	ENLISTED
ADULT FAMILY	MEMBER ACTIVE DU	UTY RETIRED
YOUTH FAMILY (Under age 18 a	I I DECEDI/E	GUARD
CIVILIAN (Not c	onnected with DECEASE	D
9. CHILDREN AT HOME NONE	PRESCHOOL IN SCHOOL	10. INITIAL COMMITMENT ONE DAY EVENT ONE MONTH EVENT THREE MONTHS
11. EDUCATION HIGH SCHOOL	COLLEGE ADVANCED DEGREE	SIX MONTHS NINE MONTHS OTHER
	32322	
12. WORK EXPERIENCE		
13. VOLUNTEER EXPERIENCE	Ε	

14. SPECIAL SKILLS	S, INTEREST, HOBBIES	
15. POSITIONS HELI	D	
START DATE (YYYYMMDD)	TYPE OF POSITION	END DATE (YYYYMMDD)
((11111111111111111111111111111111111111
16 AWARDS AND S	PECIAL RECOGNITION	
DATE		SSESSENITED AT
(YYYYMMDD)	TYPE OF AWARD/SPECIAL RECOGNITION	PRESENTED AT
<u></u>		
17. TRAINING		
DATE	TYPE OF TRAINING	HOURS
(YYYYMMDD)		COMPLETED
	NUAL HOUR RECORD	
YEAR HOURS		
19a. SIGNATURE	19b. DATE (1	YYYYMMDD)

PARENTAL PERMISSION For use of this form, see AR 608-1; the proponent as	
SECTION I	agency is OACONVI.
I, pare	ent guardian, give my permission for (name of child), to volunteer at
	(name of agency/activity) on
(installation) on	
week) from(time).	
I understand that my child will be performing the following volunteer serv	vices.
	Description of volunteer service performed)
SECTION II - FOR APPROPRIATED FUND OR	RGANIZATIONS
and he or she is not, because of these services, an employee of the U instrumentality thereof (except for certain purposes relating to criminal claims and workman's compensation coverage concerning incidents of approved volunteer service as specified in 10 USC Section 1588(d)(1) salary, wages, or related benefits as payment for these volunteer service.	United States Government or any all conflicts of interest, the Privacy Act, tort occurring during the performance of I)) and shall receive no present or future
TYPED/PRINTED NAME OF PARENT OR GUARDIAN	
SIGNATURE OF PARENT/GUARDIAN	DATE (YYYYMMDD)
SECTION III - FOR NON-APPROPRIATED FUND	ORGANIZATIONS
I understand that	byee of the United States Government or rt claims and workman's compensation oproved volunteer service as specified in
SIGNATURE OF PARENT/GUARDIAN	DATE (YYYYMMDD)

2 References On Form DA 3439

(Facility will fill those out and add to packet)

School Counselor Are needed



To: NAME/MAILING ADDRESS OF SCHOO

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



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 Disclosure of requested information is voluntary; however, if **Disclosures**: information is not provided, volunteer positions may be denied. No information is disclosed outside of DOD. A check of school records for the student listed below has been conducted (Please check one) __No disciplinary information on file _School records reveal the following disciplinary information: Student Printed Name Printed Name of Person Checking Background Signature of Person Checking School Record Date Completed

Statement of Understanding Child and Youth Services Personnel

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

I understand that:

- 1. I am responsible for providing guidance in accordance with (IAW) CYS Policy by using knowledge, skills and abilities to identify appropriate and inappropriate behavior of children/youth based on their age and social/emotional development. I will role-model and explicitly teach problem-solving strategies, impulse control, empathy and acceptance of self and others as well as pro-social behavior.
- 2. I will never use corporal/physical punishment, psychological abuse or coercion as an acceptable form of guidance. Guidance will never be punitive in nature. Children will not be punished physically or verbally for lapses in toilet training or refusing food. I will never punish children/youth by any of the following: spanking, pinching, dragging or grabbing, shaking, or other corporal punishment; isolation, time away/timeout, or overly punitive restrictions; confinement in closets, boxes, or similar places or locked seclusion; manual, mechanical, or chemical restraint; humiliation, demeaning, shaming, verbal abuse, taunting, teasing, degrading language or activities, or psychological pain; deprivation of meals, hydration, snacks, outdoor play opportunities, or other program components; aversive stimuli; forced physical exercise to eliminate behaviors; punitive work assignments; punishment by peers; or group punishment or discipline for individual behavior. Restricting the use of specific play materials and equipment, or participation in a specific activity will be based on the developmental age and social/emotional development of the child and if it poses a safety concern for the child or others.
- 3. I am responsible for knowing the boundaries for appropriate and inappropriate touching that are established to ensure that CYS personnel have a clear understanding of what is acceptable and what is not. These boundaries are specified in the Standards of Conduct and Accountability SOP.
- 4. If an allegation of abuse/neglect is made against me, it will be grounds for immediate closure of my Family Child Care (FCC) home or reassignment outside of CYS until the investigation is completed.
- 5. I am responsible for supervising Infants, Pre-toddlers and Toddlers by sight and sound at all times, including when sleeping. Mirrors and video monitoring do not replace direct sight and sound supervision. Preschool and kindergarten children are supervised by sight most of the time, with the exception of brief periods when children cannot be seen but still heard, as long as I check frequently on children who are out of sight (e.g. child using the toilet independently, child in a library area). Kindergarteners and School-age children may leave my supervision for brief periods, so long as they are in a safe environment (such as going to a hall bathroom) but must be within sight and/or hearing most of the time. Middle

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

- 6. I am responsible for maintaining specific accountability for each Child Development Center (CDC)/Family Child Care (FCC) child in my group or each School Age Center (SAC)/Middle School Teen (MST) youth in my facility. I will follow the systems in place to account for children and youth at regular intervals, especially during periods of transition in CDC/SAC and during off-site activities based on risk assessment analysis. If I observe a child slipping away from or leaving his/her primary care group or discover a youth in an off-limits area within the facility, I will notify the primary caregiver. These instances are not considered abuse/neglect. I am part of a team and am responsible for assisting my teammates as needed.
- 7. I will conduct or participate in a face-to-name count of children conducted once per hour in CDCs and during transitions in and out of the classroom. I will monitor all School Age children and Middle School/Teen youth while they independently move throughout the facility.
- 8. I must ensure the physical count of children/youth and/or the system that is used to monitor the whereabouts of children matches the number signed in (applies to direct care and management staff). I must ensure that the physical count of children/youth matches the number swiped into Child and Youth Management System (CYMS) (applies to management staff only).
- 9. I will focus my full attention on the children/youth in my care and will refrain from using personal electronic devices (to include cell phones, tablets, laptops and smart watches) while counted in ratio.
- 10. I am responsible for ensuring that all children/youth safely evacuate the building in the event of an emergency.
- 11. I understand that CYS facilities are under continuous video and audio surveillance through Closed Circuit Television (CCTV). I also understand that recordings may be used to substantiate or refute allegations of child abuse/neglect or employee misconduct, as a training aide, or to recognize positive performance.
- 12. I may be observed by a manager or Training Specialist as part of a documented training or performance observation any time during my duty hours, either in person or through the use of the CCTV System.
- 13. As a mandated reporter I will immediately and directly report to the Reporting Point of Contact (RPOC) and local Child Protective Services (CPS) (if located in the U.S.) any incident I witness which a reasonable person would consider child abuse or neglect.

- 14. If I witness an incident that a reasonable person would not consider child abuse or neglect, but is still a violation of this guidance, I will immediately verbally report it to my supervisor or other management staff, and follow up in writing.
- 15. I am responsible for completing reports on accidents, injuries to children/youth, or other unusual incidents that occur while I am on duty.
- 16. I will wear my appropriate color coded apparel (ensuring apparel can be seen at all times and from all angles) when caring for children/youth.
- 17. I will refrain from commenting, passing judgment, or providing guidance or input on sensitive topics with children/youth. I will encourage children/youth to reach out to a trusted family member or counselor for discussion.
- 18. The following Social Media and Electronic Communications are prohibited:
 - Displaying in the workplace or any other place likely to embarrass or undermine the
 professional credibility of the CYS program or otherwise interfere with CYS
 operations, any material that is sexually explicit, provocative, inappropriate,
 inflammatory, or unprofessional. Such materials shall not be present on CYS
 premises.
 - Communication to staff or children/youth that is unprofessional or inappropriate.
 - Communication with children/youth through social media platforms except via the program's official social media pages (e.g. facebook, twitter).
 - Communication with children/youth by email and messaging except via staff's .mil email address all electronic communications with children/youth will have a parent and at least one other paid staff member on the cc line.
 - Communication with children/youth by text message via a personal device.
 - Sharing home or personal email, messaging, phone numbers or social media addresses with children/youth.
 - Posting media to a personal social media site which includes non-familial children/youth enrolled in CYS programs.
 - Use of Personal Electronic Devices while on duty.
- 19. I am required to immediately inform my supervisor/program director if I am charged with a crime referenced on the DD Form 2981 Basic Criminal History and Statement of Admission.

CAREGIVER'S CREED

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

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

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

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

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

<u>Year 1:</u>			
CYS Personnel Signature	Print Name	Date	
Year 2:			
CYS Personnel Signature	Print Name	Date	
Year 3:			
CYS Personnel Signature	Print Name	Date	