Please fill out the packet electronically, if at all possible.
If you cannot fill it out electronically, than it needs to be printed
in BLACK INK ONLY

- **Initials and Wet Signatures need to be done in Black ink ONLY *(PLEASE no digital signatures.)***

- **You need to SIGN & DATE IT - THE DATE YOU TURN IN THE PACKET at the facility you want to volunteer in, who will verify the packet before sending it to me.**

- **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 date given to you from the FM, your background request will be canceled and will have to be resubmitted!!!**

- **Once completed and S_DHR_FPRW is received by the FM, your Background request will be submitted to the HUB in San Antonio to get the process started.**

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

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

Any Questions? Call or email

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

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

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

PRINT in BLACK INK Only

Prefix: Mr. ____ Mrs. ____ Miss. ____ Ms. ____

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

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

Physical Address: Street City State Zip Code

Phone: Work Phone:

Email Address

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

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

_____

Previous CYS Experience *(check only one)*:

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

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

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

Reference #1 Full Name, Telephone Number,

Reference #2 Full Name, Telephone Number,

Reference #3 Full Name, Telephone Number,

Reference #4 Full Name, Telephone Number,

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

Signature Date (mm/dd/yyyy)

** Official Identification = SS Card*

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:

1. 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.*

2. 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. **ALL ORGANIZATIONS:** 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.

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; 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:

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.

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

OMB No. 0704-0515
OMB approval expires: September 30, 2021

The public reporting burden for this collection of information, **OMB Control Number** 0704-0515, 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/DODwide-SORN-Article-View/article/571/A0608-18-1aspx
Navy: http://dpcld.defense.gov/Privacy/SORNsIndex/DODwide-SORN-Article-View/article/6797/Article/570428/nm01764-3.aspx
Air Force: http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/689756/f034-af-cva-o/
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 *(MMDD/YYYY)*	4. INSTALLATION/PROGRAM NAME	5. DATE OF HIRE ❶

❷ 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

❸

(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.

❹

a. SIGNATURE	b. DATE *(YYYYMMDD)*

❺ 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.

DD FORM 2981, OCT 2018 PREVIOUS EDITION IS OBSOLETE Page 1 of 3

❶ Date of Hire: Subject will leave this **blank.** FM will complete this block with the subject's **first day of work.**

❷ Self-Disclosure: 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.

❸ Derogatory Information: 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.

❹ Signature/Date: Subject will sign and date (YYYYMMDD format) in order to certify all information provided is accurate. *Minor applicants must sign/date this block.*

❺ 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.

DD Form 2981 Additional Instructions

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

1

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.

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

a. SIGNATURE	b. DATE SIGNED *(YYYYMMDD)*
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 name) hereby provide consent for the background check of (the minor child's name) a minor, and I understand the purpose of the checks."

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.

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

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

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

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

ADAPCP CLIENT'S CONSENT STATEMENT FOR RELEASE OF TREATMENT INFORMATION

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

SECTION A - CONSENT

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

do hereby voluntarily consent to the release of the following information by HQDA ASAP (name of installation ADAPCP)

pertaining to my identity, diagnosis, prognosis, or treatment from any Army record maintained in connection with

alcohol or other drug abuse education, training, treatment, rehabilitatiton, or research to Child/Youth Svcs Suitability Prog

for the purpose of completing a background check requirement in accordance with

Department of Defense Instruction 1402.05 and Army Directive 2014-23.

namely,

*** see above***

(extent or nature of information to be disclosed)

SECTION B - EXPIRATION/REVOCATION

(Check applicable paragraph)

1. ☒ I understand that this consent automatically expires when the above disclosure action has been taken in reliance thereon and that, except to the extent that such action has been taken, I can revoke this consent at any time.

- Or -

(For disclosure to civilian criminal justice officials under the provisions of paragraphs 6-9b(4)(b) and 6-10e(3), AR 600-85)

2. ☐ I understand that this consent automatically expires 60 days from today's date or when my present criminal justice system status changes to

Further, I understand that if my release from confinement, probation, or parole is conditioned upon my participation in the ADAPCP, I cannot revoke this consent until there has been a formal and effective termination or revocation of my release from such confinement, probation, or parole.

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

SECTION C - APPROVAL AUTHORITY FOR RELEASE OF INFORMATION

NOTE: Other than the MEDCEN/MEDDAC Commander, approval authority for release of information may be delegated to the Program Physician or the Clinical Director.

In my judgment, the release of an evaluation of the present or past status of _____ (client's name)

in the alcohol or other drug treatment and rehabilitation program will not be harmful to him/her.

NAME OF MEDCEN/MEDDAC COMMANDER OR DESIGNATED REPRESENTATIVE (Type or print)	DATE
SIGNATURE	

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

SECTION A:

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

SECTION B:

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

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

SECTION C:

1. Leave Section C blank.

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	

IMCOM-HQ CYS VOLUNTEER SPORTS AND FITNESS COACH

JOB DESCRIPTION - PAGE 1

UNITED STATES ARMY
CHILD & YOUTH SERVICES

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

Position Title: CYS Sports and Fitness Volunteer Coach

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

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

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

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

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

IMCOM-HQ CYS VOLUNTEER SPORTS AND FITNESS COACH

JOB DESCRIPTION - PAGE 2

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

CYS SPORTS AND FITNESS (SF) SUPERIVSOR SIGNATURE:

FOR: Laura Gillette

CYS Sports and Fitness Director / Assistant Director Signature

VOLUNTEER COACH/SF VOLUNTEER:

SIGNATURE: CYS Sports and Fitness Volunteer Coach/SF

Volunteer Coach/SF Contact Information:

Print First and Last Name

Email

Contact phone number

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)*

Statement of Understanding
Child and Youth Services Personnel

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

I understand that:

1. I am responsible for providing guidance in accordance with (IAW) CYS Policy by using knowledge, skills and abilities to identify appropriate and inappropriate behavior of children/youth based on their age and social/emotional development. I will role-model and explicitly teach problem-solving strategies, impulse control, empathy and acceptance of self and others as well as pro-social behavior.

2. I will never use corporal/physical punishment, psychological abuse or coercion as an acceptable form of guidance. Guidance will never be punitive in nature. Children will not be punished physically or verbally for lapses in toilet training or refusing food. I will never punish children/youth by any of the following: spanking, pinching, dragging or grabbing, shaking, or other corporal punishment; isolation, time away/timeout, or overly punitive restrictions; confinement in closets, boxes, or similar places or locked seclusion; manual, mechanical, or chemical restraint; humiliation, demeaning, shaming, verbal abuse, taunting, teasing, degrading language or activities, or psychological pain; deprivation of meals, hydration, snacks, outdoor play opportunities, or other program components; aversive stimuli; forced physical exercise to eliminate behaviors; punitive work assignments; punishment by peers; or group punishment or discipline for individual behavior. Restricting the use of specific play materials and equipment, or participation in a specific activity will be based on the developmental age and social/emotional development of the child and if it poses a safety concern for the child or others.

3. I am responsible for knowing the boundaries for appropriate and inappropriate touching that are established to ensure that CYS personnel have a clear understanding of what is acceptable and what is not. These boundaries are specified in the Standards of Conduct and Accountability SOP.

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

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

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

6. I am responsible for maintaining specific accountability for each Child Development Center (CDC)/Family Child Care (FCC) child in my group or each School Age Center (SAC)/Middle School Teen (MST) youth in my facility. I will follow the systems in place to account for children and youth at regular intervals, especially during periods of transition in CDC/SAC and during off-site activities based on risk assessment analysis. If I observe a child slipping away from or leaving his/her primary care group or discover a youth in an off-limits area within the facility, I will notify the primary caregiver. These instances are not considered abuse/neglect. I am part of a team and am responsible for assisting my teammates as needed.

7. I will conduct or participate in a face-to-name count of children conducted once per hour in CDCs and during transitions in and out of the classroom. I will monitor all School Age children and Middle School/Teen youth while they independently move throughout the facility.

8. I must ensure the physical count of children/youth and/or the system that is used to monitor the whereabouts of children matches the number signed in (applies to direct care and management staff). I must ensure that the physical count of children/youth matches the number swiped into Child and Youth Management System (CYMS) (applies to management staff only).

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

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

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

12. I may be observed by a manager or Training Specialist as part of a documented training or performance observation any time during my duty hours, either in person or through the use of the CCTV System.

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

14. If I witness an incident that a reasonable person would not consider child abuse or neglect, but is still a violation of this guidance, I will immediately verbally report it to my supervisor or other management staff, and follow up in writing.

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

16. I will wear my appropriate color coded apparel (ensuring apparel can be seen at all times and from all angles) when caring for children/youth.

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

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

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

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

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

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

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

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

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

- Use of Personal Electronic Devices while on duty.

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

CAREGIVER'S CREED

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

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

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

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

b. AR 608-18 Chapter 8, Out of Home Cases in DoD Sanctioned Activities;

c. Latest CYS Multi-Disciplinary Team Inspection tool sections on Risk Management and Supervision; and

d. My Position Description, which states my designation as a mandated reporter of child abuse or neglect.

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

Year 1:

_____	_____	_____
CYS Personnel Signature	Print Name	Date

Year 2:

_____	_____	_____
CYS Personnel Signature	Print Name	Date

Year 3:

_____	_____	_____
CYS Personnel Signature	Print Name	Date