RAF FELTWELL CAC
Volunteer /Instructional Package

Volunteer Application Form

FIRST & LAST NAME_____MAIDEN NAME_____

ADDRESS:_____
STREET CITY/STATE/ZIP

HOME PHONE:_____CELL PHONE:_____WORK PHONE:_____

EMAIL ADDRESS:_____

DUTY STATION/SQUADRON/PLACE OF EMPLOYMENT:_____

PLEASE CHECK ONE OR MORE PROGRAMS YOU MAY BE INTERESTED IN SUPPORTING:

___Dance
___Start Smart Programs (Ages 3-5)
___Various Sports Instructor (Ages 5 +)
___Community Center
___Events/ Functions
___Other:_____
___Summer Camps

What **ages** are you interested in coaching/working with?

____3-4; ____5-6; ____7-8; ____9-10; ____11-12; ____13+

Have you received Self-Aid Buddy Care/First Aid and/or CPR training within the past two years?

_____

What experience do you have working with children?

_____

_____

What interests you about volunteering for Community Activity Center Programs?

_____

_____

Copy of Immunization Record is needed upon application

Privacy Act Statement: *The purpose of requesting this information is to determine the qualifications, suitability, and availability of the applicant for volunteer purposes within the above listed programs. Completion of the information in this package is voluntary, however, failure to provide any requested information may prevent you from receiving full consideration for the volunteer position you seek.*

Applicant Name: _____ Date: _____

Applicant Signature:_____

Volunteer Position Description

Description:

- Coach/mentor youth ages 3-18 in various activities.
- You will be considered a role model for all youth ages 3-18; therefore, sportsmanship, fair play, and full participation are required.

Responsibilities:

- Provide a safe and fun environment for the children.
- Must maintain a positive, respectful attitude in and around Youth Programs.
- Encourage all youth to make healthy decisions.
- Help to implement or coordinate special interest projects and programs.
- Plan and supervise games, practices, and events.
- Teach young athletes the fundamentals of the sport.
- Learn and follow all league rules, policies, and procedures.
- Give each player equal playing time.
- Put the feelings of players ahead of your own desire to win.

Qualifications:

- Successfully complete the application procedure and pass a background check.
- Attend any scheduled interviews, meetings, or additional trainings to include but not limited to Self-Aid Buddy Care/First Aid/CPR.
- Be organized, enthusiastic, patient (especially with youth), and dependable.
- Successfully complete the National Youth Sports Coaches Association (NYSCA) Certification Program (Optional).

As a volunteer, you are treated by local, state and federal law as being an unpaid employee of the agency with which you are associated; therefore, you must conduct yourself in the same manner as you would at your own job. In the same respect, you will receive the same treatment, aside from compensation and benefits, as any other agency employee.

I agree that I have read and understand the above position description for the Youth Programs Volunteer and that I accept the terms of the position description.

Applicant Name:_____

Applicant Signature:_____Date:_____

TO: AU Family Members, Program Staff, Volunteers and Contractors

FROM: 48 FSS/FSWP

SUBJECT: Confidentiality Policy

Staff and Volunteers who work with families within the community are exposed to Information that is a need to know. You may be aware of financial information, special needs and medical issues, family dynamics and issues within the family. This information might not be discussed in a casual conversation with people who are not part of our program or management staff. This includes parents who do not need to know privacy information regarding other families in the program. This is to protect the privacy of families who utilize our program and to protect the rights of other providers.

Confidentiality is a key aspect of our high level professionalism and dedication to help 48Wing complete their mission. By dedicating myself to help other families on this installation I understand that I could be reprimanded if I do not adhere to the policy of maintaining confidentiality with the children, families, and other providers within the Airmen and Family Services Flight.

By signing below, I certify that

- *1 have read and understand the above policy;*
- *1 will comply with the policy In my Interactions with staff children, parents, and others who are part of FSS/FSYY;*
- *I understand that any report of violation of the policy will result in the removal from contract with the children, retraining, and possible disciplinary and/or administrative action, to include potential termination or release from the program.*

NAME_____ Date_____

Signature _____

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
RAF FELTWELL, UK	48 FSS/FSWP	FCAC/ FSWP		

11. DESCRIPTION OF VOLUNTEER SERVICES
The Primary purpose for the establishment of this job is to: (I) perform a variety of sports related functions to support Spangdahlem, Youth Sports Program, (2) be responsible for sports equipment and supplies required for branch activities and operations, (e.g, basketballs, footballs, baseballs, soccer balls and related uniforms and equipment), (3) guidelines used consist of API., Youth Program and Sports Rules, National Standards of Athletic Coaches, Coaches Code of Ethics, Child Abuse and Sport Supply policies.

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)

SUBJECT: Volunteer/ Coach First Aid and CPR Training Requirement

I, _____ have completed the Online CPR, First Aid, and Blood Borne Pathogens Training at:

http://www.ecprcertification.com/?mscikid=fc74fc48a32316f347dfa6201fbef31a

I acknowledge that this training does NOT CERTIFY me in CPR and First Aid, however, it does fulfill the requirements of having all volunteer coaches TRAINED in CPR and First Aid.

NAME _____ Date _____

Signature _____

Reference Checks

One must be a current/former supervisor

Applicant Name:_____

Reference Check #1:

- Individual's Name:_____
- Individual's Email:_____
- Individual's Phone Number:_____

Relation: Supervisor Friend Relative Co-worker Other
***required* (circle one)**

Reference Check #2:

- Individual's Name:_____
- Individual's Email:_____
- Individual's Phone Number:_____

Relation: Supervisor Friend Relative Co-worker Other
***required* (circle one)**

Prescribed by: DoDI 1402.05

DEPARTMENT OF DEFENSE CONSENT TO CONDUCT INSTALLATION RECORDS CHECK (IRC)

OMB No. 0704-0586
OMB Approval Expires: 20200930

The public reporting burden for this collection of information, OMB Control Number 0704-0586, is estimated to average 10 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: 34 U.S.C. 20351 (Crime Control Act of 1990); DoDI 1402.05, Background Checks on Individuals in DoD Child Care Services Programs; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To require all individuals who provide child care services, as defined by Section 20351 of 34 U.S.C. (Crime Control Act of 1990), to undergo an Installation Records Check (IRC).

ROUTINE USES: The Routine Uses are listed in the applicable system of records notices found at:

Army: A0215-3 SAMR, NAF Personnel Records (https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570010/a0215-3-samr/) and A0690-200 DAPE, Department of the Army Civilian Personnel Systems (https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570099/a0690-200-dape/)

Navy and Marine Corps: NM 01754-3, DON Child and Youth Program, (https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570428/nm01754-3/)

Air Force: F034 AF SVA C, Child Development/Youth Programs Records (https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569755/f034-af-sva-c/)

Defense Logistics Agency: S400.20, Day Care Facility Registrant, Applicant and Enrollee Records, (https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570257/s40020/) and

National Security Agency: GNSA 19, NSA/CSS Child Development Services, (https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570520/gnsa-19/)

This release will be initiated by office or installation staff responsible for the oversight of individuals who provide child care services to children under the age of 18. Once completed, the form will be maintained by the Human Resource (HR) or Security Offices.

DISCLOSURE: Voluntary; however, failure to provide all the requested information could preclude employment or continued service in a child care services program position, and may form the basis for withdrawal of a tentative (conditional) job offer, removal from a position and/or the federal service or prohibition from working with or around children.

SECTION I. SUBJECT'S INFORMATION

1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements)	2. OTHER NAME(S) USED (e.g., maiden name, nickname, birth name)	
3. PLACE OF BIRTH (City, State, Country)	4. DATE OF BIRTH (MM/DD/YYYY)	5. SOCIAL SECURITY NUMBER
6. CURRENT ADDRESS (Street, City, State, Zip Code)		

SECTION II. AUTHORIZATION AND RELEASE CERTIFICATION (To be signed by Subject or Parent/Legal Guardian)

I hereby authorize the DoD to conduct an IRC, which includes the release of information pertaining to me within military law enforcement records, the Defense Central Index of Investigations (DCII) and information pertaining to Family Advocacy Program (FAP) records (child and/or domestic abuse) maintained in the FAP Central Registry. I also authorize the other Services within DoD to release the same information listed above from their systems of record for the purposes of completing the IRC. I understand that this consent does not expire and may be utilized to conduct periodic re-verification checks. I also understand that except to the extent such action has been taken, I can revoke my consent at any time but this may preclude my continued service in a Child Care Services position. I understand that pursuant to the Privacy Act, the information collected will be confidential and disclosure limited to purposes authorized under the Privacy Act. I understand that I may request a copy of such records as may be available to me under the law, and that I have a right to challenge the accuracy and completeness of any information contained in the results of the background checks. I release any individual, including records custodians, any component of the United States Government, or the individual 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, assignees, associates, and personal representatives of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

7a. PRINT NAME (Subject or Parent/Legal Guardian)	7b. DATE (MM/DD/YYYY)	7c. SIGNATURE (Subject or Parent/Legal Guardian)
7d. EMAIL ADDRESS	7e. PHONE NUMBER	

SECTION III. POSITION AND BACKGROUND CHECK INFORMATION

8a. COMMAND / INSTALLATION / ORGANIZATION	8b. POSITION HIRE / START DATE (estimated) (MM/DD/YYYY)
48FSS/ RAF FELTWELL/ COMMUNITY ACTIVITIES CENTER	

8c. POSITION CATEGORY

☐ Civilian Employee (APF)	☐ Civilian Employee (NAF)	☐ Contractor	☐ In-Home Care Providers (Respite Care, Foster Care, Family Child Care)
☐ Military Personnel	☐ Volunteer	☐ In-Home Care Family Members	☐ Teen Employee
☐ Junior Reserve Officer (JROTC) Instructor	☐ Other		

SECTION IV. INSTALLATION RECORDS CHECK
(To be completed based on service specific procedures)

9. FAMILY ADVOCACY PROGRAM

Type of Check: Initial: ☐ Annual: ☐ 5 Year Check: ☐

Date initiated: _____ Date Completed: _____

☐ No record of applicant ☐ Record on file

Met criteria incident found: ☐ Yes ☐ No

Remarks: _____

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

9a. Printed Name of Certifying Official: _____

9b. Signature: Date:

10. INSTALLATION LAW ENFORCEMENT

Type of Check: Initial: ☐ Annual: ☐ 5 Year Check: ☐

Date initiated: _____ Date Completed: _____

No record of applicant: ☐ Record on file: ☐

Any derogatory information found: ☐ Yes ☐ No

Remarks: _____

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

10a. Printed Name and Title: _____

10b. Signature: Date:

11. DEFENSE CENTRAL INDEX OF INVESTIGATIONS (DCII) (Optional check)

Type of Check: Initial: ☐ Annual: ☐ 5 Year Check: ☐

Date initiated: _____ Date Completed: _____

No record of applicant: ☐ Record on file: ☐

Any derogatory information found: ☐ Yes ☐ No

Remarks: _____

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

11a. Printed Name and Title: _____

11b. Signature: _____ Date: _____