



# **VOLUNTEER COACHES**

## **Background Application Instructions**



**Page 1:** Instructions

**Page 2:** WORK ORDER TICKET 30A - please fill in your full name at the top.

**Page 3:** IMCOM FORM 30 - Background Check Work Order Ticket

Please fill out only Section III – Subject's Information. **DO NOT SIGN!**

**Pages 4-5:** DD FORM 2981 – Please fill in question #'s: 1 (full name spelled out), 2 (maiden name, nicknames, etc...), 3 (Date of Birth), 6 (answer all the "yes" & "no" questions), 7 a & b (sign & date), 10 a & b (sign & date).

**Page 6:** DA FORM 5018-R - Please write your **FULL** name (must be completely spelled out), then fill in the date on the top line & sign & date where the star is at the bottom, DO NOT have anyone witness the form.

**Page 7:** Volunteer job description.

**Page 8:** APPLICATION PART I - You must have 2 references with phone #'s at the bottom; they don't have to be local.

**Page 9:** APPLICATION PART II - If you answer yes to question #10, I will need a separate detailed statement as to what happened & how you have reformed yourself along with two references.

**Pages 10-11:** CHILD CARE SERVICES REFERENCE CHECK FORM:

**ONLY IF YOU HAVE ANSWERED "YES" ON PAGE 4 TO QUESTION #6 OR PAGE 9 TO QUESTION #10.** If you need to have these forms filled out, it must be two separate people and they cannot be related to you. Each separate reference must fill this form out in reference to you. You CANNOT fill it out for them.

**Page 12:** Live Scan Fingerprint ONLY - **IMCOM 28L** - Legibly PRINT your last name, first name and middle initial in Section II - Subject's Information. **DO NOT SIGN THIS FORM.** Call one of the phone numbers listed in Section I & make a fingerprint appointment with our local Security Office. They do not accept walk-ins at this time for fingerprinting. The Security Office is in Bldg #2008-A (2<sup>nd</sup> floor, Rm A218). Please have the security officer sign and date this form that your fingerprints have been completed & return to the Sports Office.

**Page 13:** VMIS - Steps 1 & 2 are mandatory, step 3 is optional. If you are already registered in the VMIS system; just sign in and complete step 2 for the JBLM CYS Sports volunteer.

When you have completed forms 1-12, please hand deliver these forms to the **CYS Youth Sports Office, Bldg #6398 on Garcia Blvd** & ask to see Genia Stewart. You may call ahead of time to make sure that she is there at **253-967-2405**. She will verify that all forms have been completed correctly & then submit your application to the Ft. Sam Houston HUB for processing.

There are a few other trainings (approximately 2 hours) that will need to be completed before we can consider you cleared for coaching. You will receive instructions on how to complete these trainings once you have turned in your Background Application for processing.

Thanks so much for being willing to volunteer with our youth!  
We, the CYS Sports Staff, look forward to meeting you soon!

# FMgr Background Check Request (BCR) Checklist

## Initial Requests-

Military

Contractors (Regular Recurring)

Volunteers, Contractors (Short Duration), "Other" Personnel Categories



Applicant's Name

Garrison Name

JBLM

Functional Manager

GENIA STEWART

**Submit the following documents to your CDE Office in the following order via encrypted e-mail:**

### REQUIRED FOR ALL

- ☒ IMCOM Worksheet 30A (18 Mar21 v1)
- ☒ IMCOM Form 30 (v3 Nov20)
- ☒ DD Form 2981 (v Oct18)
- ☒ DA Form 5018-R (CSSC template dtd March 2018 HQDA ASAP Child/Youth Svcs Suitability Prog)

### MILITARY Additional Requirements

- ☐ Summary of Child Services Duties
- ☐ IMCOM 29 - Residency Information Worksheet (v22 Feb21)

### CONTRACTORS (Regular/Recurring) Additional Requirements

- ☐ Position Description
- ☐ Resume/Application
- ☐ Reference Check(s)- Only submit if reference is derogatory
- ☐ Proof of Citizenship Documents (refer to attached IMCOM 31 v1Dec20)
- ☐ OF 306 (October 2011 or rev. 2016 version) (valid w/in 1 year of signature date)
- ☐ IMCOM 29 - Residency Information Worksheet (v22 Feb21)

### VOLUNTEERS, CONTRACTORS (Short Duration) and "OTHER" PERSONNEL CATEGORIES Additional Requirements

- ☒ Position Description
- ☒ Resume/Application
- ☐ Reference Check(s)- Only submit if reference is derogatory
- ☒ IMCOM 28L - Fingerprint Information Worksheet (v1 Mar 21)



**INSTALLATION MANAGEMENT COMMAND (IMCOM)  
BACKGROUND CHECK REQUEST (BCR) FORM**

For personnel in child services positions supporting Army programs and activities IAW Army Directive 2014-23 and DODI 1402.05

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 34 USC 20351 and 10 USC 3013, Public Law 101-647, Section 231 (Crime Control Act of 1990); DODI 1402.05, Background Checks on Individualism DoD Child Care Services Programs, 11 Sep 2015, Army Directive 2014-23 (Conduct of Screening and Background Checks For Individuals Who Have Regular Contact With Children in Army Programs), DODI 6060.02 (Child Development Programs (CDPs), 5 Aug 2014), DODI 6060.4 (DoD Youth Programs (YPs), 23 Aug 2004), DoDI 1100.21, Voluntary Services in the Department of Defense, DODI 1400.25, Volume 731 DoD Civilian Personnel Management System: Suitability and Fitness Adjudication For Civilian Employees, 24 Aug 2012, DoD Instruction 1400.25, Subchapter 1403 (DoD Civilian Personnel Manual: Employment), 1 Dec 1996, Incorporating Change 5, 25 Mar 2000, DoD Instruction 1400.25, Volume 1231 DoD Civilian Personnel Management System: Employment of Foreign Nationals; and E.O. 9397(SSN), as amended, AR 608-18, The Army Family Advocacy.

**PURPOSE:** To assess the suitability of persons and to determine the loyalty, eligibility, and general trustworthiness of individuals working in child (i.e., children under 18 years of age) services positions.

**ROUTINE USE:** The DoD "Blanket Routine Users" set forth at the beginning of the Army's compilation of systems of records notices also apply to this system.

**DISCLOSURES:** Voluntary; however, failure to furnish all requested information will result in disapproval of the child services application or continued service in child services position.

Clear Form

**SECTION I - REQUEST TYPE**

Personnel Category: Volunteer (Specified Volunteer)

Request Type: ☒ New

☐ Reverification

☐ Transfer

Fiduciary Responsibility: ☐ Yes ☒ No

Driving Responsibility: ☐ Yes ☒ No

Anticipated Start Date: ASAP

**SECTION II - REQUESTING OFFICE INFORMATION**

Garrison: IMCOM READINESS

Installation: JBLM

Directorate/Organization: CYS

Requester Name: GENIA STEWART

Requester Telephone: (253) 967-2405

Requester E-mail: mary.e.stewart48.naf@mail.mil

**SECTION III - SUBJECT'S INFORMATION**

SSN:

Prefix/Rank:

Last Name:

First Name:

Middle Name:

Maiden Name:

Postfix/Suffix:

Birth Date

MM/DD/YYYY:

Birth Country:

Birth State:

Birth City:

Citizenship Docs:

(personnel req. INV)

Primary E-mail:

Secondary E-mail:

Primary Phone:

Secondary Phone:

Current Street Address:

Current City:

Current State:

Current Zip Code:

Current Country:

Functional Program: CYS SPORTS

Employment Location: JBLM

Employment Position: VOLUNTEER

**COMPLETE THIS SECTION ONLY IF THIS IS A TRANSFER FILE**

Approximate Year Background Check Completed:

Completed by (check one):

☐ CDE

☐ CPAC

Name of Losing

Garrison/Installation:

**ONLY COMPLETE THIS SECTION FOR VOLUNTEERS, CONTRACTORS (SHORT DURATION) AND OTHER CATEGORIES (FINGERPRINTS)**

Date fingerprint completed  
(MM/DD) :

Date hard copy mailed  
(when LIVESCAN is down):

Method of delivery:

Tracking number:

**SECTION IV - FAMILY CHILD CARE/EMERGENCY PLACEMENT CARE**

For each person listed below requiring initial check or reverification of checks, refer to the IMCOM Worksheet 30A for required documents.

List additional Family Members on a separate sheet of paper and include Category, Name, SSN, DOB and POB

Category:	Name:	SSN #	Birth Date:	Birth Place:
Category:	Name:	SSN #	Birth Date:	Birth Place:
Category:	Name:	SSN #	Birth Date:	Birth Place:
Category:	Name:	SSN #	Birth Date:	Birth Place:

**SECTION V - ONLY COMPLETE IF CENTRALIZED CONTRACT**

Contractor/POC for PSIP purposes:

E-mail:

Remarks Section (Please note any special requests):

Name and signature of Functional Manager: STEWART.MARY.E.1099254854

Digitally signed by  
STEWART.MARY.E.1099254854  
Date: 2021.02.10 14:53:35 -08'00'

Date Submitted:

CDE Received (Name and Signature):

Date Received:

**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-cl/>

**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.

<b>1. NAME</b> (Last, First, and Middle Name) (Do not use initials or abridgements.)		<b>2. OTHER NAME(S) USED</b>
<b>3. DATE OF BIRTH</b> (MM/DD/YYYY)	<b>4. INSTALLATION/PROGRAM NAME</b>  JBLM / CYS SPORTS	
		<b>5. DATE OF HIRE</b>

**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.**

<b>CHILD ABUSE/NEGLECT:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DRUG OR ALCOHOL:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>VIOLENT CRIME/ASSAULTIVE BEHAVIOR:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SEX CRIME:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DOMESTIC VIOLENCE:</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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.**

<b>a. SIGNATURE</b>	<b>b. DATE</b> (YYYYMMDD)
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**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.**

<b>a. 2nd YEAR</b> (Yes or No)	<b>(1) SIGNATURE</b>	<b>(2) DATE</b> (YYYYMMDD)	<b>b. 3rd YEAR</b> (Yes or No)	<b>(1) SIGNATURE</b>	<b>(2) DATE</b> (YYYYMMDD)
<b>c. 4th YEAR</b> (Yes or No)	<b>(1) SIGNATURE</b>	<b>(2) DATE</b> (YYYYMMDD)	<b>d. 5th YEAR</b> (Yes or No)	<b>(1) SIGNATURE</b>	<b>(2) DATE</b> (YYYYMMDD)

**Failure to provide information may result in an unfavorable adjudication decision.**



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

**9. NOTES** *(Use this space to enter additional comments.)*

**10. AUTHORIZATION AND RELEASE CERTIFICATION**

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

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

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

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

**a. SIGNATURE**

**b. DATE SIGNED (YYYYMMDD)**

# 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, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, (client's full name)

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.

\_\_\_\_\_, 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

## CYS YOUTH SPORTS JOB DESCRIPTION – JOINT BASE LEWIS-McCHORD

<b>Organization</b>	Child Youth Services (CYS)
<b>Position Title</b>	Youth Sports Coach
<b>Duties</b>	You will become a certified coach thru the National Alliance of Youth Sports. We will do background checks on all coaches, to include FBI fingerprints. You will also be required to register online with <a href="http://www.vmis.armyfamilywebportal.com">www.vmis.armyfamilywebportal.com</a>
<b>Time Required</b>	3 days a week to include Saturdays. All of the games are held on Saturdays either here on Lewis Main or McChord Field.
<b>Evaluation Required</b>	Yes
<b>Benefits</b>	You will receive 70 hours' worth of Volunteer time for each team you coach or assistant coach, at the end of each season. You will report those hours yourself online.
<b>Training</b>	You are required to go through our Child Abuse and Coaching certification classes. There are additional annual requirements as well.
<b>Orientation</b>	We also would need you to come in the office and sign up in our coach's book after you have submitted your background paperwork. This way we do not overlook you when assigning coach's to team rosters.
<b>Confidential</b>	Will the volunteer work with confidential issues or privacy protected records? Yes
<b>Qualifications</b>	Must be willing to work with children and adults. Must be able to pass a background check. You must be at least 18 yrs. of age to be a head coach with Child & Youth Services.
<b>The following qualifications appear for positions at statutory organizations only.</b>	
<b>Motor Vehicle Use</b>	Not Required
<b>Involves Work with Children or Youth</b>	Yes, regular basis (Example: coach or instructor)
<b>Credential/License Required</b>	No
<b>Position Availability</b>	
<b>Status</b>	Open
<b>Duration Type</b>	Ongoing position
<b>Public</b>	Yes
<b>Posted</b>	5/3/2007
<b>Location</b>	Child & Youth Services Bldg #6398, Garcia Blvd Joint Base Lewis-McChord, Washington 98433
<b>Supervisor</b>	Cynthia Williams-Patnoe (253) 967-2405 <a href="mailto:cynthia.a.williams-patnoe.naf@mail.mil">cynthia.a.williams-patnoe.naf@mail.mil</a>





## JBLM COACHES APPLICATION – PART I

NAME: \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_

PHONE: (CELL) \_\_\_\_\_ (2ND CELL) \_\_\_\_\_ (W) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

What sport(s) are you applying to coach for? \_\_\_\_\_

Would you like to be the head coach or assistant coach? \_\_\_\_\_

Have you coached for CYS within the past year? YES NO

If so, what sport did you last coach? \_\_\_\_\_

Do you have a current First-Aid/CPR card? CLS? EMT? YES (please provide copy) NO

Have you received a NAYS training certificate? YES NO

If your application is accepted, you will be required to attend miscellaneous clinics, meetings, and trainings. (IE: NAYS Cert. Training, Child Abuse class, skills clinics, etc, as appropriate)

Please circle the age group you would like to coach; you may circle more than one:

3 - 4                      5 - 6                      7 - 8                      9 - 10                      11 - 12

Please provide two references that are not related to you. They **do not** have to be local.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**\*\*\*\*\*YOU MUST BE AVAILABLE ON SATURDAY'S FOR YOUR GAMES\*\*\*\*\***





# JBLM COACHES APPLICATION - PART II

Name: \_\_\_\_\_



## CHILD & YOUTH SERVICES SPORTS

1. Why are you volunteering? \_\_\_\_\_
2. What is your coaching style or philosophy? \_\_\_\_\_
3. What do you want to get out of this experience? \_\_\_\_\_
4. Do you have any experience working with children? \_\_\_\_\_
5. Do you have any children of your own? \_\_\_\_\_
6. What types of discipline do you use? \_\_\_\_\_
7. What do you consider your strengths? \_\_\_\_\_
8. What do you consider your weaknesses? \_\_\_\_\_
9. Do you know the rules of the game you are volunteering for? \_\_\_\_yes \_\_\_\_no
10. Do you have any of the following offenses on your record or have been arrested for any of the following offenses? \_\_\_\_yes \_\_\_\_no
  - a. Sex offense or misconduct?
  - b. Violent felonies?
  - c. Any child abuse or domestic violence?
  - d. Misdemeanors within the last 10 years?
  - e. DUI or drug related charges within the last 10 years?
  - f. An assault of any nature?

Please explain.

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# CHILD CARE SERVICES REFERENCE CHECK FORM

APPLICANT NAME:	1. HOW LONG HAVE YOU KNOWN THE APPLICANT AND IN WHAT CAPACITY? (Check applicable block)		
	CAPACITY		TIME KNOWN
REFERENCE NAME:	SUPERVISOR		
	EMPLOYER		
REFERENCE ORGANIZATION:	OTHER (specify)		
CONTACT INFORMATION:	2. IF A SUPERVISOR REFERENCE, AND THE INDIVIDUAL IS NO LONGER EMPLOYED, PROVIDE REASON FOR LEAVING:		

## CHECK APPLICABLE BOX

	YES	NO
3. Would you reemploy applicant in the same position? (If no, explain below in Remarks)		
4. Do you have any knowledge of any behavior, activities, or associations which tend to show that this person is not honest, trustworthy, and of good conduct and character? (If yes, explain below in Remarks)		

## PERSONAL APPRAISAL

	INSUFFICIENT OPPORTUNITY TO OBSERVE	ABOVE AVERAGE	AVERAGE	UNSATISFACTORY
5a. DEPENDABILITY-Accepts assigned responsibility and effectively accomplishes duties in approved manner within time established.				
5b. COOPERATION & CONSIDERATION FOR OTHERS-A team player, maintains good relationships, consistently demonstrates consideration.				
5c. SOUND JUDGMENT-Makes informed decisions.				
5d. ADAPTABILITY-Ability to adjust to changes in working or living environments.				
5e. JOB KNOWLEDGE-Has knowledge of techniques and procedures applicable to the job for which being considered.				

## FOR SUPERVISORY POSITIONS ONLY

6a. MANAGERIAL SKILLS-Ability to plan and organize work.				
6b. SUPERVISION-Ability to supervise other employees.				

## REMARKS

7. DATE (DDMMYYYY)

8. PRINTED NAME and POSITION TITLE

9. SIGNATURE



# CHILD CARE SERVICES REFERENCE CHECK FORM

<b>APPLICANT NAME:</b>  	<b>1. HOW LONG HAVE YOU KNOWN THE APPLICANT AND IN WHAT CAPACITY? (Check applicable block)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">CAPACITY</th> <th style="width: 30%;"></th> <th style="width: 40%;">TIME KNOWN</th> </tr> <tr> <td>SUPERVISOR</td> <td></td> <td></td> </tr> <tr> <td>EMPLOYER</td> <td></td> <td></td> </tr> <tr> <td>OTHER (specify)</td> <td></td> <td></td> </tr> </table>	CAPACITY		TIME KNOWN	SUPERVISOR			EMPLOYER			OTHER (specify)		
CAPACITY		TIME KNOWN											
SUPERVISOR													
EMPLOYER													
OTHER (specify)													
<b>REFERENCE NAME:</b>  													
<b>REFERENCE ORGANIZATION:</b>  													
<b>CONTACT INFORMATION:</b>  	<b>2. IF A SUPERVISOR REFERENCE, AND THE INDIVIDUAL IS NO LONGER EMPLOYED, PROVIDE REASON FOR LEAVING:</b>  												

CHECK APPLICABLE BOX		YES	NO
3. Would you reemploy applicant in the same position? (If no, explain below in Remarks)			
4. Do you have any knowledge of any behavior, activities, or associations which tend to show that this person is not honest, trustworthy, and of good conduct and character? (If yes, explain below in Remarks)			
PERSONAL APPRAISAL	INSUFFICIENT OPPORTUNITY TO OBSERVE	ABOVE AVERAGE	AVERAGE
5a. <b>DEPENDABILITY</b> -Accepts assigned responsibility and effectively accomplishes duties in approved manner within time established.			
5b. <b>COOPERATION &amp; CONSIDERATION FOR OTHERS</b> -A team player, maintains good relationships, consistently demonstrates consideration.			
5c. <b>SOUND JUDGMENT</b> -Makes informed decisions.			
5d. <b>ADAPTABILITY</b> -Ability to adjust to changes in working or living environments.			
5e. <b>JOB KNOWLEDGE</b> -Has knowledge of techniques and procedures applicable to the job for which being considered.			
FOR SUPERVISORY POSITIONS ONLY			
6a. <b>MANAGERIAL SKILLS</b> -Ability to plan and organize work.			
6b. <b>SUPERVISION</b> -Ability to supervise other employees.			

**REMARKS**

<b>7. DATE (DDMMYYYY)</b>  	<b>8. PRINTED NAME and POSITION TITLE</b>  	<b>9. SIGNATURE</b>  
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# Fingerprint Information Worksheet

## SECTION I - GARRISON INFORMATION AND INSTRUCTIONS

This Worksheet is to be used **ONLY** for live scan fingerprint submissions IAW CTO Tasking Number: T19-037 for the following categories: **volunteers, short duration contractors and "OTHERS"** MUST have fingerprints completed prior to submitting work order ticket.

This document is intended to help you obtain your child services background check fingerprints in the most expedient manner possible. You must present this form to the fingerprinting POC to be fingerprinted. Contact the Fingerprint POC listed below to schedule your appointment as soon as possible.

### Special Instructions:

By appointment only. The CDE Office is on the 2nd Floor, 2008 "A" wing, Room A218. The elevator is located in the "B" wing, with ramp access through "B" wing by ASAP entrance.

### Driving directions:

BLDG 2008A, Rm A218 N 3rd St & Liggett Ave JBLM, WA 98433 / From JBLM Lewis Main Gate: Continue on 41st Division Dr, turn right on Liggett Ave and turn right on N 3rd St, DPTMS Security will be on your left. Parking is limited on N 3rd St.

HOURS OF OPERATION	PHONE NUMBER	ADDRESS
Mon & Wed 0900-1500	253-966-0478 / 0646	BLDG 2008A, Rm A218 N 3rd St & Liggett Ave JBLM, WA 98433

### CONTACT INFORMATION FOR FINGERPRINTING POC

GARRISON	NAME	PHONE	EMAIL ADDRESS
Lewis / McChord	Noah Clark	253-966-0478	noah.d.clark2.civ@mail.mil
Lewis / McChord	Tanisha Holness	253-966-0646	Tanisha.l.holness.civ@mail.mil

## SECTION II - SUBJECT'S INFORMATION

LAST NAME	FIRST NAME	MI

## SECTION III - FUNCTIONAL MANAGER OR REQUESTING OFFICIAL INFORMATION

GARRISON	NAME	PHONE	EMAIL ADDRESS
JBLM	Genia Stewart	(253) 967-2405	mary.e.stewart48.naf@mail.mil

## SECTION IV - FINGERPRINT REQUIREMENT INFORMATION

FUNCTIONAL MANAGER SIGNATURE	
STEWART.MARY.E.1099254854	Digitally signed by STEWART.MARY.E.1099254854 Date: 2021.03.23 14:21:07 -07'00'
DATE	

This Form can **ONLY** be used by Functional Managers when submitting a Background Request for Categories requiring LIVE SCAN Fingerprints IAW CTO Tasking Number: T19-037 (ie. volunteers, short duration contractors and "OTHERS")

\*\*\*\*\*NOT VALID FOR ANY OTHER CATEGORIES\*\*\*\*\*

### FINGER PRINT REQUIREMENT

FINGERPRINT	SON	SOI	ALC
Live Scan ONLY	Z227	Z256	21008711

## SECTION VI - FINGERPRINTING POC AGENCY USE ONLY (Return via email to Requestor)

PRINTED NAME	SIGNATURE	DATE COMPLETED



# Volunteer Management Information System (VMIS) Quick Start Guide



## STEP 1 – REGISTER ONLINE

1. Go to [www.armyfamilywebportal.com](http://www.armyfamilywebportal.com) or [www.vmis.armyfamilywebportal.com](http://www.vmis.armyfamilywebportal.com)
2. Click on the (three dashes) menu in the top left corner & select Volunteer Management Information System (VMIS)
3. New Volunteers: Register an account
4. Existing Volunteers: If you had a legacy VMIS account, transition your account to the new system and follow all email instructions to update your account.
5. Note: If you already transitioned your account - LOGIN

## STEP 2 – VOLUNTEER DASHBOARD

1. The Volunteer Dashboard can be accessed from any page on VMIS while logged in as a volunteer - simply select "Dashboard" from the left-hand menu.
2. Search for Opportunities: The **OPPORTUNITIES** page allows you to search for & apply to many different volunteer opportunities. You can sort & filter opportunities, & you can browse opportunities without creating a VMIS account.
3. In the Search bar type "YOUTH SPORTS COACH" and hit ENTER or click on SEARCH.
4. Click on the position title to view specific information & click "APPLY"
5. A box with "Application Received" will pop up. Click OK.
6. This will return you to the Opportunities page.
7. To view the status of your application, go to the left hand menu & click on APPLICATIONS (your status will show APPROVED once your background application has completed all security checks & is "CLEARED").

## STEP 3 – RECORD HOURS

1. Recording your hours is "optional", however, the more hours recorded throughout the year, the more funding the base receives to put back into the programs.
2. On the left side of the screen, under the DASHBOARD, click on "Volunteer" & then "Service Log".
3. A calendar will populate with the current month displayed. (if you have multiple volunteer positions, be sure to select the "Youth Sports Coach" position.
4. Record your daily hours by clicking the date and entering your hours in the pop-up box & click SUBMIT.
5. If you miss the deadline for current hours, click the arrow for the previous month(s) & then click the (+) next to Period Hours to record past hours.
6. As a Volunteer Youth Sports Coach you can record up to 70 hours per sport season you coach.
7. You are responsible for logging your own hours each month.
8. If you want a print out of your hours you can download a copy of your DA4713 & DA 4162 from the Service History page.

**VOLUNTEER HOURS ENTRY DEADLINE:** For administrative reporting requirements, all volunteer hour entries must be completed no later than the 13<sup>th</sup> of the following month. If you miss the deadline, hours will have to be reported by the period.



For additional assistance, please contact your  
Installation Volunteer Corps Program Manager, Lori Parker,  
at 253-967-2324 or [lori.j.parker2.civ@mail.mil](mailto:lori.j.parker2.civ@mail.mil)