VOLUNTEER COACHES

UNITED STATES ARMY CHILD & YOUTH SERVICES

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: DA RELEASE/CONSENT FORM - We need you to fill in your name and answer question #'s 1-3 on page 4 & on page 5, fill in your name at the top, sign & date at the bottom.

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 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 (2nd floor, Rm A218). Please have the security officer sign and date this form that your fingerprints have been completed.

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!

Initial- Work Order Ticket Checklist for Functional Managers: Military, Contractors (Regular/Recurring), Specified Volunteers, Contractors (short duration) and "Others"



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

- [x] **IMCOM Worksheet 30A** (v1 Oct19)
- [x] **IMCOM Form 30** (vJun19)
- [x] **DA Release/Consent Form** (IRCR 1Feb18) (Valid w/in 120 days of signature date)
- [x] **DA Form 5018-R** (CSSC template dtd March 2018 HQDA ASAP Child/Youth Svcs Suitability Prog)
- [ ] **DD 2981** (Upon Release of EXORD)

MILITARY Additional Requirements

- [ ] **Summary of Child Services Duties**
- [ ] **IMCOM 29 - Residency Information Worksheet** (v1 Oct19)

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 v1 Oct19)
- [ ] **OF 306** (October 2011 version)(valid w/in 1 year of signature date)
- [ ] **IMCOM 29 - Residency Information Worksheet** (v1 Oct19)

SPECIFIED VOLUNTEERS, CONTRACTORS (Short Duration) and OTHER CATEGORIES OF INDIVIDUALS Additional Requirements

- [x] **Position Description**
- [x] **Resume/Application**
- [ ] **Reference Check(s)- Only submit if reference is derogatory**
- [x] **IMCOM 28L - Fingerprint Information Worksheet** (v1 Oct19)

INSTALLATION MANAGEMENT COMMAND (IMCOM)
BACKGROUND CHECK WORK ORDER TICKET

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

PRIVACY ACT STATEMENT

AUTHORITY: 42 USC 13041 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. Uses can be found online at: http://dpcld.defense.gov/Privacy/SORNsIndex/Blanket-Routine-Uses/.
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.

SECTION I - REQUEST TYPE

Personnel Category:	Volunteer (Specified Volunteer)	Request Type:	X New	Re-Verification	Transfer
Fiduciary Responsibility:	Yes X No	Driving Responsibility:	Yes	X 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:	MI:	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	Employment Location: SPORTS	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 include DA Consent Form. List additional Family Members or residents on a separate page (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:	Contractor/POC Phone:	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 Submitted:	
CDE Received (Name and Signature):		Date Received:	

Department of the Army

RELEASE/CONSENT STATEMENT

PRIVACY ACT STATEMENT
AUTHORITY: 42 USC 13041 AND 10 USC 3013.
PRINCIPAL PURPOSE: TO COMPLY WITH REQUIREMENTS OF PUBLIC LAW 101-647, SECTION 231 (CRIME CONTROL ACT OF 1990), DoDI 1402.05 AND FOR NONAPPROPRIATED FUND, ARMY REGULATION (AR) 215-3.
ROUTINE USES: TO INITIATE THE BACKGROUND CHECK REQUIREMENTS OF THE STATUTE AND GOVERNING REGULATION.

Type or Print Name (Last, First MI):

_____

Section I: Statement of Previous Arrest or Charge:

1. Have you ever been arrested for or charged with a crime involving a child? _____Yes _____No
2. Have you ever been asked to resign because of, or been decertified for, a sexual offense? _____Yes _____No
3. Have you ever been convicted of any offense against the law or forfeited collateral or are you now under charges for any offense against the law? (You may omit: (1) Traffic violations for which you paid a fine of $300.00 or less unless the violation was alcohol or drug related, and (2) any offense committed before your 21st birthday **which was finally adjudicated in a juvenile court or under a youth offender law.**) _____Yes _____No

If you answer "yes" to any question above, describe the case disposition below. Include the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved; or **if a military action (to include Article 15)**, the military authority or court involved, and the final disposition of the case; to include fine(s)/amount paid, found guilty or not, loss of rank etc. **Be sure to disclose any covered charges or incidents, even if they were expunged, and/or even if you have been advised by your attorney that you do not need to disclose them on employment forms, as they will be identified in the background check process. You must also disclose all covered incidents even if you did so on a previous consent and release form, Optional Form 306, Department of Army Form 3433, or other such document and/or if the incident was previously considered by a Program Review Board or otherwise adjudicated IAW Army guidance.** If additional space is needed, please attach a separate sheet of paper as a continuation page and include your printed name at the top and signature and date at the bottom.

Date of Violation/Incident	Explanation of Violation/Incident or Charge	Place of Occurrence	Name and Address of Police Department or Court Involved	If Military, Military Authority or Court Involved	Final Disposition of the Case

RELEASE/CONSENT STATEMENT (Cont)

Type or Print Name (Last, First MI) _____

Section II: Statement of Understanding and Release:

1. I have been advised that my being hired or selected for, and continuing employment or service in a position having regular contact with children under the age of 18 will be based upon favorable completion of all required background checks. I understand that these may include:

a. Army Law Enforcement Reporting & Tracking System (ALERTS) // Defense Central Index of Investigations (DCII)

b. Army Substance Abuse Program (ASAP) to include records from the Substance Use Disorder Clinical Care (SUDCC) which may include that pertaining to my identity, diagnosis, or treatment from any Army record maintained in connection with alcohol or other drug abuse education, training, treatment, rehabilitation or research.

c. Medical Treatment Facilities (MTF) – Army Central Registry (ACR)

d. Federal Bureau of Investigation Fingerprint Special Agreement Check (FBI-FP-SAC)

e. State Criminal History Repository (SCHR) Checks for each state where I have resided for the last five years.

f. Any other records as appropriate and to the extent permitted by law.

2. I have been advised and understand that the above listed checks will be completed annually, or every three or five years (depending on the position) while I am employed/contracted/volunteering in a position that requires regular contact with children under the age of 18, and that these checks may also be completed to authenticate issues that surface during my employment or service. I understand that this consent does not expire and will be utilized to conduct these periodic reverification checks. I also understand that except to the extent such action has been taken, I can revoke my consent at any time but this will preclude my continued service in a child services position. I also understand that if the report of these checks contains adverse information, I have a right to challenge the accuracy or completeness of the information contained therein.

3. I understand that failure to disclose this information or provide consent precludes me from employment or continued service in a child services position, and may form the basis for withdrawal of a tentative (conditional) job offer, or removal from my position and/or the federal service.

Section III: Signature:

A false statement may result in adverse action up to and including removal. Under U.S. Code 1001, the federal punishment for perjury is fine or imprisonment for up to 5 years or both.

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

I hereby confirm my understanding of the information in this statement; and authorize the release of my name and Social Security Number for the purpose of conducting the required checks in Section II.

_____ _____

Signature Date

If the applicant is a minor, a Parent or Legal Guardian must grant permission below for the background checks. The Parent/Legal Guardian is certifying they understand the purposes of these checks and hereby provide consent for the background checks.

_____ _____

Signature Date

ADAPCP CLIENT'S CONSENT STATEMENT FOR RELEASE OF TREATMENT INFORMATION

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

SECTION A - CONSENT

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

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

pertaining to my identity, diagnosis, prognosis, or treatment from any Army record maintained in connection with alcohol or other drug abuse education, training, treatment, rehabilitatiton, or research to Child/Youth Svcs Suitability Prog

_____ for the purpose of completing a background check requirement in accordance with Department of Defense Instruction 1402.05 and Army Directive 2014-23.

_____ namely,

*** see above***

(extent or nature of information to be disclosed)

SECTION B - EXPIRATION/REVOCATION

(Check applicable paragraph)

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

- Or -

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

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

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

SIGNATURE OF CLIENT		DATE
NAME OF WITNESS *(Type or print)*	SIGNATURE	DATE

SECTION C - APPROVAL AUTHORITY FOR RELEASE OF INFORMATION

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

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

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

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

CYS YOUTH SPORTS JOB DESCRIPTION – JOINT BASE LEWIS-McCHORD

Organization	Sports and Fitness (S&F)
Position Title	Youth Sports Coach
Duties	You will have to become a certified coach through the NAYS program that we have. We will also do background checks on all coaches. You will also be required to register online with www.myarmyonesource.com.
Time Required	3 days a week to include Saturdays. All of the games are held on Saturdays either here on Lewis Main or McChord Field.
Evaluation Required	Yes
Benefits	You will get 70 hours worth of Volunteer time at the end of each season. You will report those hours yourself online.
Training	We ask that you will go through our Child Abuse and Coaching certification class held at the beginning of each sport season.
Orientation	We also would need you to come in the office and sign-in in our coach's book. This way we do not over look you when assigning coach's to team rosters.
Confidential	Will the volunteer work with confidential issues or privacy protected records? Yes
Qualifications	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 coach with Child & Youth Services.
The following qualifications appear for positions at statutory organizations only.	
Motor Vehicle Use	Not Required
Involves Work with Children or Youth	Yes, regular basis (Example: coach or instructor)
Credential/License Required	No
Position Availability	
Status	Open
Duration Type	Ongoing position
Public	Yes
Posted	5/3/2007
Location	Child & Youth Services Bldg #2295, 12th & Bitar Ave Joint Base Lewis-McChord, Washington 98433
Supervisor	Cynthia Williams-Patnoe (253) 967-2405 cynthia.williams-patnoe.civ@mail.mil



CHILD&YOUTH SERVICES
SPORTS



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.

    _____

    _____

    _____

    _____

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)*		
	2. IFA SUPERVISOR REFERENCE, AND THE INDIVIDUAL IS NO LONGER EMPLOYED, PROVIDE REASON FOR LEAVING:		
CONTACT INFORMATION:			

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	UNSATIS-FACTORY
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 (DDMMMYYYY)	8. PRINTED NAME and POSITION TITLE	9. SIGNATURE

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)*		
	2. IFA SUPERVISOR REFERENCE, AND THE INDIVIDUAL IS NO LONGER EMPLOYED, PROVIDE REASON FOR LEAVING:		
CONTACT INFORMATION:			

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	UNSATIS-FACTORY
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 (DDMMMYYYY)	8. PRINTED NAME and POSITION TITLE	9. SIGNATURE

Live Scan Fingerprint ONLY

(Volunteers, Short duration contractors and "OTHERS")

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 Security Office to be fingerprinted. To start the process, contact your local Security Office to schedule an appointment for fingerprinting.

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 enterance.

Driving directions:	From JBLM Lewis Main Gate: Continue on 41st Division Dr, turn right on Liggett Ave and turn right on 3rd St, DPTMS Security will be on your left.

HOURS OF OPERATION	PHONE NUMBER	ADDRESS
Mon & Wed 0900-1100	253-967-9507	3rd Street, BLDG 2008-A

CDE OR SECURITY INFORMATION AT SPOKE LOCATION FOR FINGERPRINTING

GARRISON	NAME	PHONE	EMAIL ADDRESS
JBLM	Joan Earnshaw	253-967-9507	joan.m.earnshaw.civ@mail.mil
JBLM	Tabatha Bentley	253-967-21115	tabatha.d.bentley.naf@mail.mil

SECTION II - SUBJECT'S INFORMATION

LAST NAME	FIRST NAME	MI

SECTION III - FUNCTIONAL MANAGER OR REQUESTING OFFICIAL INFORMATION

NAME	FUNCTIONAL AREA	PHONE	EMAIL ADDRESS
Genia Stewart	CYS Sports	253-967-2405	mary.e.stewart48.naf@mail.mil

SECTION IV - REQUESTER INFORMATION

DIGITAL SIGNATURE	
STEWART.MARY.E.1099254854 Digitally signed by STEWART.MARY.E.1099254854	
DATE	**UIC**
	W6BDAA

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	SOI/SON	ALC
Live Scan ONLY	Z227	00005570

SECTION V- CDE/SECURITY 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.myarmyonesource.com
2. Click on the LOGIN tab at top of page or "Register" at top right of page.
3. Click "Join Now"
4. Input your information. Under the Military Community affiliation drop down tab, locate "JOINT BASE LEWIS-MCCHORD" about ¼ of the way down under the IMCOM-Central heading
5. Click on CONTINUE
6. If information is correct, click REGISTER

STEP 2 – SELECT VOLUNTEER OPPORTUNITIES

1. Go to www.myarmyonesource.com
2. In top right corner click the "Volunteer Tools" box, then Volunteer Opportunity tab
3. Under the military community drop down bar, select "JOINT BASE Lewis-MCCHORD"
4. Select by "organization" using the drop down bar
5. Make sure State/Region is listed as "ALL" and leave Postal Code blank; click on SEARCH
6. Select a position by clicking on the blue position title
7. If this position suits your needs, click on APPLY
8. Review your information and fill in additional information on next screen (anything with * is required), click SUBMIT APPLICATION
9. If your application goes through, you should receive an application confirmation e-mail
10. Once your application has been accepted by the Organization Point of Contact you can begin volunteering and then continue to Step 3.

STEP 3 – RECORD HOURS

1. Go to www.myarmyonesource.com
2. Click on the LOGIN tab at top of page
3. At top of page click "Volunteer Tools"
4. On next page, click "volunteer activity", your open AVC positions will be listed, click "hours" on far right of the position.
5. If you want to update several days of service, click ADD FOR OPEN DATES
6. If you want to update one day of service, click ADD ONE
7. Input the hours contributed, then click SAVE
8. You can edit your hours and document notes by clicking on "edit"
9. When finished inputting hours, click DONE
10. When complete, you can navigate the site or log out.

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

ARMED FORCES COMMUNITY SERVICE AFCS Real Life Solutions for Successful Military Living JOINT BASE LEWIS-MCCHORD

For additional assistance, please contact your Organizational Point of Contact or the Installation Volunteer Corps Program Manager at 253-967-2324 or lori.j.parker2.civ@mail.mil