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 reverificaiton 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:	Mary E. "Genia" Stewart — Digitally signed by Mary E. "Genia" Stewart DN: cn=Mary E. "Genia" Stewart, o=CYS SPORTS, ou=DFMWR, email=mary.e.stewart48.naf@mail.mil, c=US	Date Submitted:	
CDE Received (Name and Signature):		Date Received:	