



VOLUNTEER COACHES

Background Application Instructions



Page 1: FMgr Background Check Request (BCR) Checklist - IMCOM 30A (1JUL24)):

- Please fill in your full name at the top where it says "Applicant."

Page 2: Background Check Request Form (BCR) - IMCOM FORM 30 (1 May 2022):

- Please fill out only Section I – Applicant Provided Information. **DO NOT SIGN!**

Pages 3-4: Basic Criminal history & Statement of Admission - DD FORM 2981 (DEC21):

- 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 5: ASAP Client's Consent Statement - DA FORM 5018-R (Sep 2023):

- Please write your **FULL** name (*must be completely spelled out*), then fill in the date on the top line, skip to the bottom and sign & date where highlighted, DO NOT have anyone witness the form.

Page 6: Volunteer job description.

Page 7: APPLICATION PART I:

- You must have 2 references with phone #'s at the bottom; they don't have to be local.

Page 8: 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.

Pages 9-10: CHILDCARE SERVICES REFERENCE CHECK DA FORM 3439 (APR24): **REQUIRED**

- Please have two separate people, not related to you, fill out these reference forms about you. Your name goes in space number 1 on each form.
- You **CANNOT** fill it out for them. Make sure they print, date & sign their name at the bottom.

Page 11: Volunteer Management Information System (VMIS):

- Steps 1 & 2 are mandatory; step 3 is optional, but the base gets more funding if you record your hours.
- If you are already registered in the VMIS system; just sign in & complete step 2 for JBLM CYS Sports Vol.

Page 12: Fingerprint Information Worksheet - IMCOM 28L (v 1 Mar 21):

- Legibly PRINT your last name, first name & middle initial in **Section II** - Subject's Information. **DO NOT SIGN THIS FORM.**
- **Call the phone number listed in Section I & make a fingerprint appointment** with our local Security Office. This is by APPOINTMENT ONLY.
- The Security Office is in Bldg #2007A (Rm 117 & 118).
- **Please have the security officer sign and date this form that your fingerprints have been completed & RETURN TO THE SPORTS OFFICE.**
- **WE CANNOT PROCESS YOUR APPLICATION WITHOUT THIS FORM.**

When you have completed forms 1-12, please hand deliver these forms to the **CYS Youth Sports Office**.

We are in 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 Security HUB for processing.

You will also need to complete the National Alliance of Youth Sports trainings before we can consider you cleared for coaching. This will be emailed to you from "NAYS". Please check your junk/spam folders for their email & complete the following 4 trainings: **1) Coach 2) Sport 3) Concussion 4) Abuse**

DA REQUIREMENTS ALSO INCLUDE:

1. Copy of your **shot record** or a waiver to include your **FLU vaccine** (Dec 1 to May 31).
2. Current **CPR/CLS** certification (www.cpri.io = \$12.95)

Thanks so much for being willing to volunteer with our youth!
We, the CYS Youth Sports Staff, look forward to meeting you soon!
(253) 967-2405 office

FMgr Background Check Request (BCR) Checklist

**Contractors (Regular/Recurring), Volunteers, Short
Duration Contractors, "OTHERs", Military**

For non-U.S. Citizen applicants, refer to IMCOM 30A HN/FN/3CFN

Applicant: _____

Initial and Reverification Document Requirements

<input checked="" type="checkbox"/> IMCOM Worksheet 30A (1JUL24)	<input checked="" type="checkbox"/> DA Form 5018 (SEP23, CSSC template required)
<input checked="" type="checkbox"/> IMCOM Form 30 (1MAY22)	<input checked="" type="checkbox"/> DD Form 2981 (DEC21)

Additional Document Requirements

☐ **Contractors**

<input type="checkbox"/> Initial	<input type="checkbox"/> 5-Year Reverification	<input type="checkbox"/> Transfer
<input type="checkbox"/> IMCOM Worksheet 29 (1JUL24)	<input type="checkbox"/> IMCOM Worksheet 29 (1JUL24)	<input type="checkbox"/> IMCOM Form 30 (1MAY22)
<input type="checkbox"/> OF-306 (rev. AUG23)		<input type="checkbox"/> IMCOM Worksheet 30A (1JUL24)
<input type="checkbox"/> Reference Check(s) – Only submit if reference is derogatory		<input type="checkbox"/> Authorization- Release previously completed background checks from non-CDE entity (if applicable)
<input type="checkbox"/> Proof of citizenship		<input type="checkbox"/> Current Resume
<input type="checkbox"/> Resume/Application		<input type="checkbox"/> Position Description
<input type="checkbox"/> Position Description		Required for Transfers:
		<input type="checkbox"/> I confirm that I have validated with the losing program/garrison that the applicant was in good standing and there are no actionable issues that would impact their childcare suitability.

☒ **Volunteers, Short Duration Contractors, "Other"**

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> 5-Year Reverification	<input type="checkbox"/> Transfer
<input checked="" type="checkbox"/> IMCOM Worksheet 28L (1MAY21)	<input type="checkbox"/> IMCOM Worksheet 28L (1MAY21)	<input type="checkbox"/> IMCOM Form 30 (1MAY22)
<input checked="" type="checkbox"/> Resume/Application		<input type="checkbox"/> IMCOM Worksheet 30A (1JUL24)
<input checked="" type="checkbox"/> Position Description		<input type="checkbox"/> Authorization- Release previously completed background checks from non-CDE entity (if applicable)
<input type="checkbox"/> Reference Check(s) – Only submit if reference is derogatory		<input type="checkbox"/> Resume/Application
		<input type="checkbox"/> Position Description
		Required for Transfers:
		<input type="checkbox"/> I confirm that I have validated with the losing program/garrison that the applicant was in good standing and there are no actionable issues that would impact their childcare suitability.

☐ **Military**

<input type="checkbox"/> Initial	<input type="checkbox"/> 5-Year Reverification	<input type="checkbox"/> Transfer
<input type="checkbox"/> IMCOM Worksheet 29 (1JUL24)	<input type="checkbox"/> IMCOM Worksheet 29 (1JUL24)	<input type="checkbox"/> IMCOM Form 30 (1MAY22)
<input type="checkbox"/> Summary of Child Services Duties		<input type="checkbox"/> IMCOM Worksheet 30A (1JUL24)
		<input type="checkbox"/> Summary of Child Services Duties
		Required for Transfers:
		<input type="checkbox"/> I confirm that I have validated with the losing program/garrison that the applicant was in good standing and there are no actionable issues that would impact their childcare suitability.

REVERIFICATION CASES ONLY: If the applicant's previous child background request was not processed through DAG1 CSSC, the following legacy documents must be provided (as applicable): Position Description/Summary of Child Services Duties, Resume/Application, OF 306 (original), Previous PRB Documents (CRESR Printout, Tab A, Tab C, Tab I, 26A, 26B, Other PRB paperwork approved by GC (Tab K)).

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- APPLICANT PROVIDED INFORMATION

SSN:		Prefix or Rank:		Last Name:		First Name:		Middle Name:		Maiden Name:	
Postfix or Suffix:		Date of Birth:		Birth Country:		Birth State:		Birth City:			
Primary Email:		Secondary Email:		Primary Phone:		Secondary Phone:					
Current Street Address:		Current City:		Current State:		Current Country:		Current Zip Code:			

SECTION II- REQUEST TYPE

Personnel Category:	Volunteer (Specified Volunteer)	Request Type:	Initial	Position Nexus:	N/A	Anticipated Start Date:	
Functional Area:	CYS	Special Focus Program:	N/A	Employment Location:	JBLM	Employment Position:	Volunteer

SECTION III- REQUESTING OFFICE INFORMATION (Requesters cannot submit BCR for themselves or supervisory chain of command)

Requester Name:	Genia Stewart	Requester Telephone:	253-967-2405	Requester Email:	mary.e.stewart48.naf@army.mil
Alternate Name:	Cynthia Williams-Patnoe	Alternate Telephone:	253-967-1612	Alternate Email:	cynthia.a.williams-patnoe.naf@army.mil
Garrison:	IMCOM READINESS	Installation:	JBLM	Directorate/Organization:	CYS Sports

SECTION IV- TRANSFER SECTION (must be completed when transfer is selected)

Approximate Year Background Check Completed:		Completed by:	Select one	Name of Losing Garrison/Installation:		POC Email:	
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SECTION V- VOLUNTEERS, CONTRACTORS (SHORT DURATION) AND OTHER CATEGORIES (FINGERPRINTS)

Date fingerprint completed :		Date hard copy mailed (when LIVESCAN is down):		Method of delivery:		Tracking number:	
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SECTION VI- CENTRALIZED CONTRACT (only required for Contract Companies that submit fingerprints)


Date fingerprint completed :		Date hard copy mailed:		Method of delivery:		Tracking number:	
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SECTION VII- FAMILY CHILD CARE/EMERGENCY PLACEMENT CARE

All household members ages 12 and up must be listed on this form, even if they are not due for a CSBC re-verification. For each person listed below requiring initial or re-verification, refer to IMCOM Worksheet 30A for required documents.

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:	

Remarks Section- Please note any special requests (i.e. Additional "supervisors" for PSIP requests, additional POCs, or information to assist with the processing of the BCR)

Name and signature of Functional Manager:		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:
 20241031

The public reporting burden for this collection of information 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@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, Child Care Worker Employee Background Checks Requirements for Background Checks; Public Law 115-91, Section 925, (NDAA for FY2018) Background and Security Investigations for Department of Defense Personnel (10 U.S.C. 1564 note); 5 U.S.C. 9101, Access to Criminal History Records for National Security and Other Purposes; Executive Order 10450 Security Requirements for Government Employees; DoD Instruction 1402.05, Background Checks on Individuals in DoD 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 collect criminal history information of DoD personnel or contractors seeking to work with children in DoD child care services programs. Information received may be used to assess preliminary interim, on-going, or final suitability/fitness of DoD personnel or contractors working with children in these programs.

ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, these records may specifically be disclosed outside of DoD pursuant to 552a(b)(3), including as follows: To designated officers and employees of Federal, State, local, territorial, tribal, international, or foreign agencies, or other public authorities, or to other offices or establishments in the executive, legislative, or judicial branches of the Federal Government, in connection with the hiring or retention of an employee, the conduct of a suitability, credentialing, or security investigation, the classifying of jobs, the letting of a contract, or the issuance of a license, grant or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter and the Department deems appropriate; to the appropriate Federal, State, local, territorial, tribal, foreign, or international law enforcement authority or other appropriate entity where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law.

A complete list of routine uses may be found in the applicable System of Records Notice (SORN), DUSDI-02 DoD, Personnel Vetting Records System, at <https://dpcl.d.defense.gov/Portals/49/Documents/Privacy/SORNS/OSDJS/DUSDI-02-DoD.pdf>

DISCLOSURE: Voluntary. However, failure to provide all requested information may result in an unfavorable adjudication or determination regarding suitability or fitness to work with children.

1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements.)				2. OTHER NAME(S) USED		
3. DATE OF BIRTH (YYYYMMDD)		4. INSTALLATION/PROGRAM NAME <div style="text-align: center;">JBLM / CYS SPORTS</div>			5. DATE OF HIRE (YYYYMMDD)	
6. Have you EVER been apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law or Municipal law? (Do not include traffic fines of less than \$300.) In addition, are you aware of a current allegation/investigation of child abuse/neglect or domestic violence by you, or have you otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category. For any YES answers, complete columns 1-6 and provide a complete summary of the incident on page 2, block 9. Summary should include any disposition or potential mitigating information.						
CHILD ABUSE/NEGLECT: <input type="checkbox"/> Yes <input type="checkbox"/> No DRUG OR ALCOHOL: <input type="checkbox"/> Yes <input type="checkbox"/> No VIOLENT CRIME/ASSAULTIVE BEHAVIOR: <input type="checkbox"/> Yes <input type="checkbox"/> No						
SEX CRIME: <input type="checkbox"/> Yes <input type="checkbox"/> No		DOMESTIC VIOLENCE: <input type="checkbox"/> Yes <input type="checkbox"/> No		OTHER: <input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Month/Year(MM/YYYY)	(b) Offense	(c) Action Taken	(d) Court or Law Enforcement Agency (City & Country if outside the United States)	(e) State	(f) Zip Code	(g) Date of Self-Report(YYYYMMDD)
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 apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law, or Municipal law referenced in block 6. In addition, I will immediately report when I am aware of a current allegation/investigation of child abuse/neglect or domestic violence, or have otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category.						
a. SIGNATURE					b. DATE (YYYYMMDD)	
8. ANNUAL CERTIFICATIONS (Required by Child Development and Youth Program Staff and Volunteers. Certify for the most year recent only.) In the past year, have you been apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law, or Municipal law? (Do not include traffic fines of less than \$300.) In addition, are you aware of a current allegation/investigation of child abuse/neglect or domestic violence by you, or have you otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category. Failure to disclose accurate information may be grounds for dismissal, termination, or debarment 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, state agencies, and/or foreign governments, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Counterintelligence and Security Agency (DCSA), 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 until 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 completeness 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 safeguarded, including for the purpose of conducting 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 good-faith compliance, or any good-faith 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.

I declare under penalty of perjury that the statements made by me on this form are true, complete and correct. In addition to the annual certification, I understand that it is my responsibility to immediately inform my employer/supervisor or Child and Youth Programs representative if I am apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law, or Municipal law with a crime referenced in block 6. (Do not include traffic fines of less than \$300.). In addition, I will immediately report when I am aware of a current allegation/investigation of child abuse/neglect or domestic violence, or have otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category. I also understand that if I am a family child care provider that I will make the same report for the same offenses for members in my household.

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)

11. PARENT CONSENT FOR MINORS:

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.

a. SIGNATURE OF PARENT/GUARDIAN *(if under age 18)*

b. DATE SIGNED (YYYYMMDD)

ASAP 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 ASAP)
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 10-22 and 10-27, 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 ASAP, 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)

Mary E. "Genia" Stewart

SIGNATURE

DATE

SECTION C - APPROVAL AUTHORITY FOR RELEASE OF INFORMATION

NOTE: Other than the MEDCEN/MEDDAC/DHA 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/DHA Commander OR DESIGNATED REPRESENTATIVE (Type or print)

SIGNATURE

DATE

CYS YOUTH SPORTS JOB DESCRIPTION – JOINT BASE LEWIS-McCHORD

Organization	Child Youth Services (CYS)
Position Title	Youth Sports Coach
Duties	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 www.vmis.armyfamilywebportal.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 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.
Training	You are required to go through our Child Abuse and Coaching certification classes. There are additional annual requirements as well.
Orientation	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.
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 be a head 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 #6398, Garcia Blvd Joint Base Lewis-McChord, Washington 98433
Supervisor	Cynthia Williams-Patnoe (253) 967-2405 cynthia.a.williams-patnoe.naf@army.mil



JBLM VOLUNTEER COACH 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 13 - 15

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 SATURDAYS FOR YOUR GAMES*******





JBLM VOLUNTEER COACHES APPLICATION – PART II

NAME: _____

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 you 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?

EMPLOYMENT REFERENCE INQUIRY

For use of this form see AR 215-3; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 2105, Employee; Department of Defense Instructions 1400.25 v1401, DoD Civilian Personnel Management System: General Information Concerning Nonappropriated Fund (NAF) Personnel Policy; Army Regulation 215-3, Nonappropriated Funds Instrumentalities Personnel Policy.

PRINCIPAL PURPOSE: To obtain applicant previous employment reference(s) and personal characteristics for consideration of employment. See the Systems of Records Notice A0215-3, [A0215-3 SAMR > Privacy, Civil Liberties, and Freedom of Information Directorate > DOD-wide SORN Article View \(defense.gov\)](#).

ROUTINE USES: This information may be disclosed as described in the routine uses of the Privacy Act of 1974, 5 U.S.C. 552 a(b)(3), as well as the specific uses listed in SORN A0215-3, to include, the Department of Labor and the Equal Employment Opportunity Commission, to resolve and/or adjudicate matters falling within their jurisdiction and to labor organizations in response to requests for names of employees and identifying information.

DISCLOSURE: Voluntary. However, failure to complete the form may result in no further consideration of an applicant, or a determination that an employee is no longer qualified for his or her position. In addition, incomplete, misleading, or untruthful information provided on the form may result in delays in processing the form for employment, or termination of employment.

PUBLIC BURDEN: We estimate the public burden for providing this information will vary from 10 to 20 minutes with an average of 15 minutes, including time for review instructions. You may send comments regarding the burden estimate or any other aspects of the collection of the information, including suggestions for reducing this burden, to the Department of the Army, NAF HR Policy & Programs Division ATTN: DAPE-CPN 6010 6th Street Building 1465 Mail Stop 5595 Fort Belvoir, VA 22060.

1. APPLICANT'S NAME (Last, First, Middle Initial)		2. HOW LONG HAVE YOU KNOWN APPLICANT AND IN WHAT CAPACITY(IES)? (Check applicable block and Enter below)	
3. REASON FOR LEAVING IF NO LONGER EMPLOYED WITH YOU?		CAPACITY	APPROXIMATE TIME KNOWN
		SUPERVISOR	<input type="checkbox"/> _____
		FELLOW EMPLOYEE	<input type="checkbox"/> _____
4. WOULD YOU REEMPLOY APPLICANT? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, indicate reasons under "Remarks.")		ACQUAINTANCE	<input type="checkbox"/> _____
		OTHER (Specify):	<input type="checkbox"/> _____

PERSONAL APPRAISAL (Based on your experience with applicant, indicate by check mark in the appropriate column your evaluation of the following factors.)	OUT- STANDING	BETTER THAN AVERAGE	ADEQUATE	UNSATIS- FACTORY	INSUFFICIENT OPPORTUNITY TO OBSERVE
5. a. DEPENDABILITY - Accepts assigned responsibility and effectively accomplishes duties; Has little or no time or attendance issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. COOPERATION - A team worker, maintains good working relationships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. INITIATIVE AND CREATIVENESS - Ability to think along original lines and to work without detailed instructions or supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. SOUND JUDGEMENT/ABILITY TO ADAPT UNDER PRESSURE - Poise and judgment in meeting adverse or emergency situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ADAPTABILITY - Ability to adjust to changes in working or living environments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. CONSIDERATION FOR OTHERS - Courteous in daily contacts including attitude toward different races, religions, and nationalities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

g. COMPLETE ONLY IF CHECKED

<input type="checkbox"/> JOB KNOWLEDGE - Has knowledge of techniques and procedures applicable to the job for which being considered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MANAGERIAL SKILLS - Ability to plan and organize work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SUPERVISION - Ability to supervise other employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CHILD CARE SERVICES - Has the ability and patience needed to work with and relate to children and youth in a positive manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check applicable block. (If any answer is "YES" to the following questions, give details under "Remarks.")

	YES	NO
6. Do you have any reason to question this person's loyalty to the United States?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have any knowledge of any behavior, activities, or associations which tend to show that this person is not reliable, honest, trustworthy, and of good conduct and character?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever observed or do you have knowledge of any behavior that would make you reluctant to hire or recommend this person for a position working with or caring for children/youth?	<input type="checkbox"/>	<input type="checkbox"/>

9. REMARKS		

10. REFERENCE'S NAME (Last, First, Middle Initial)	11. REFERENCE'S SIGNATURE (or phone number if completed telephonically)	12. DATE (YYYYMMDD)
13. POC'S NAME AND POSITION (If completed telephonically)	14. POC'S SIGNATURE (If completed telephonically)	15. DATE (YYYYMMDD)

EMPLOYMENT REFERENCE INQUIRY

For use of this form see AR 215-3; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 2105, Employee; Department of Defense Instructions 1400.25 v1401, DoD Civilian Personnel Management System: General Information Concerning Nonappropriated Fund (NAF) Personnel Policy; Army Regulation 215-3, Nonappropriated Funds Instrumentalities Personnel Policy.

PRINCIPAL PURPOSE: To obtain applicant previous employment reference(s) and personal characteristics for consideration of employment. See the Systems of Records Notice A0215-3, [A0215-3 SAMR > Privacy, Civil Liberties, and Freedom of Information Directorate > DOD-wide SORN Article View \(defense.gov\)](#).

ROUTINE USES: This information may be disclosed as described in the routine uses of the Privacy Act of 1974, 5 U.S.C. 552 a(b)(3), as well as the specific uses listed in SORN A0215-3, to include, the Department of Labor and the Equal Employment Opportunity Commission, to resolve and/or adjudicate matters falling within their jurisdiction and to labor organizations in response to requests for names of employees and identifying information.

DISCLOSURE: Voluntary. However, failure to complete the form may result in no further consideration of an applicant, or a determination that an employee is no longer qualified for his or her position. In addition, incomplete, misleading, or untruthful information provided on the form may result in delays in processing the form for employment, or termination of employment.

PUBLIC BURDEN: We estimate the public burden for providing this information will vary from 10 to 20 minutes with an average of 15 minutes, including time for review instructions. You may send comments regarding the burden estimate or any other aspects of the collection of the information, including suggestions for reducing this burden, to the Department of the Army, NAF HR Policy & Programs Division ATTN: DAPE-CPN 6010 6th Street Building 1465 Mail Stop 5595 Fort Belvoir, VA 22060.

1. APPLICANT'S NAME (Last, First, Middle Initial)		2. HOW LONG HAVE YOU KNOWN APPLICANT AND IN WHAT CAPACITY(IES)? (Check applicable block and Enter below)	
3. REASON FOR LEAVING IF NO LONGER EMPLOYED WITH YOU?		CAPACITY	APPROXIMATE TIME KNOWN
		SUPERVISOR	<input type="checkbox"/> _____
		FELLOW EMPLOYEE	<input type="checkbox"/> _____
4. WOULD YOU REEMPLOY APPLICANT? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, indicate reasons under "Remarks.")		ACQUAINTANCE	<input type="checkbox"/> _____
		OTHER (Specify):	<input type="checkbox"/> _____

PERSONAL APPRAISAL (Based on your experience with applicant, indicate by check mark in the appropriate column your evaluation of the following factors.)	OUT- STANDING	BETTER THAN AVERAGE	ADEQUATE	UNSATIS- FACTORY	INSUFFICIENT OPPORTUNITY TO OBSERVE
5. a. DEPENDABILITY - Accepts assigned responsibility and effectively accomplishes duties; Has little or no time or attendance issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. COOPERATION - A team worker, maintains good working relationships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. INITIATIVE AND CREATIVENESS - Ability to think along original lines and to work without detailed instructions or supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. SOUND JUDGEMENT/ABILITY TO ADAPT UNDER PRESSURE - Poise and judgment in meeting adverse or emergency situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ADAPTABILITY - Ability to adjust to changes in working or living environments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. CONSIDERATION FOR OTHERS - Courteous in daily contacts including attitude toward different races, religions, and nationalities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

g. COMPLETE ONLY IF CHECKED

<input type="checkbox"/> JOB KNOWLEDGE - Has knowledge of techniques and procedures applicable to the job for which being considered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MANAGERIAL SKILLS - Ability to plan and organize work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SUPERVISION - Ability to supervise other employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CHILD CARE SERVICES - Has the ability and patience needed to work with and relate to children and youth in a positive manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check applicable block. (If any answer is "YES" to the following questions, give details under "Remarks.")

	YES	NO
6. Do you have any reason to question this person's loyalty to the United States?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have any knowledge of any behavior, activities, or associations which tend to show that this person is not reliable, honest, trustworthy, and of good conduct and character?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever observed or do you have knowledge of any behavior that would make you reluctant to hire or recommend this person for a position working with or caring for children/youth?	<input type="checkbox"/>	<input type="checkbox"/>

9. REMARKS		
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10. REFERENCE'S NAME (Last, First, Middle Initial)	11. REFERENCE'S SIGNATURE (or phone number if completed telephonically)	12. DATE (YYYYMMDD)
13. POC'S NAME AND POSITION (If completed telephonically)	14. POC'S SIGNATURE (If completed telephonically)	15. DATE (YYYYMMDD)

Volunteer Management Information System (VMIS)

Quick Start Guide



STEP 1 – REGISTER ONLINE

1. Go to www.armyfamilywebportal.com or 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, per 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 13th 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@army.mil

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****

Driving directions:

From the Main Gate: From 41st Division Dr. Turn right on to Pendleton Ave at the intersection/Take a left on Nth 2nd St. Building 2007 is located on the left side of the street.
From Dupont Gate: Take second left onto Kaufmann/Go through the round-a-bout and exit on Pendleton Ave/Take a Right on North 2nd Street, building is located on the left side of street.
When facing Building 2007 the entrance is on the far right. Call 1-520-715-4366 for entry as this is a controlled access location.

HOURS OF OPERATION	PHONE NUMBER	ADDRESS
Mon -Fri 0730-1600	520-715-4366 / 4361 / 4370	BLDG 2007A Rm 117, 118, N 2nd St & Pendleton Ave

CONTACT INFORMATION FOR FINGERPRINTING POC

GARRISON	NAME	PHONE	EMAIL ADDRESS
JB Lewis / McChord	Nathan Hascall	520-715-4366	Nathan.l.hascall.civ@army.mil
JB Lewis / McChord	Steve Jufer / Joan Earnshaw	520-715-4361 / 4370	steven.s.jufer.civ@army.mil / joan.m.earnshaw.civ@army.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	Mary E. "Genia" Stewart	(253) 967-2405	mary.e.stewart48.naf@army.mil
JBLM	Cynthia Williams-Patnoe	(253) 967-2405	cynthia.a.williams-patnoe.naf@army.mil

SECTION IV - FINGERPRINT REQUIREMENT INFORMATION

FUNCTIONAL MANAGER SIGNATURE	
	Digitally signed by STEWART.MARY.E.1099254854
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