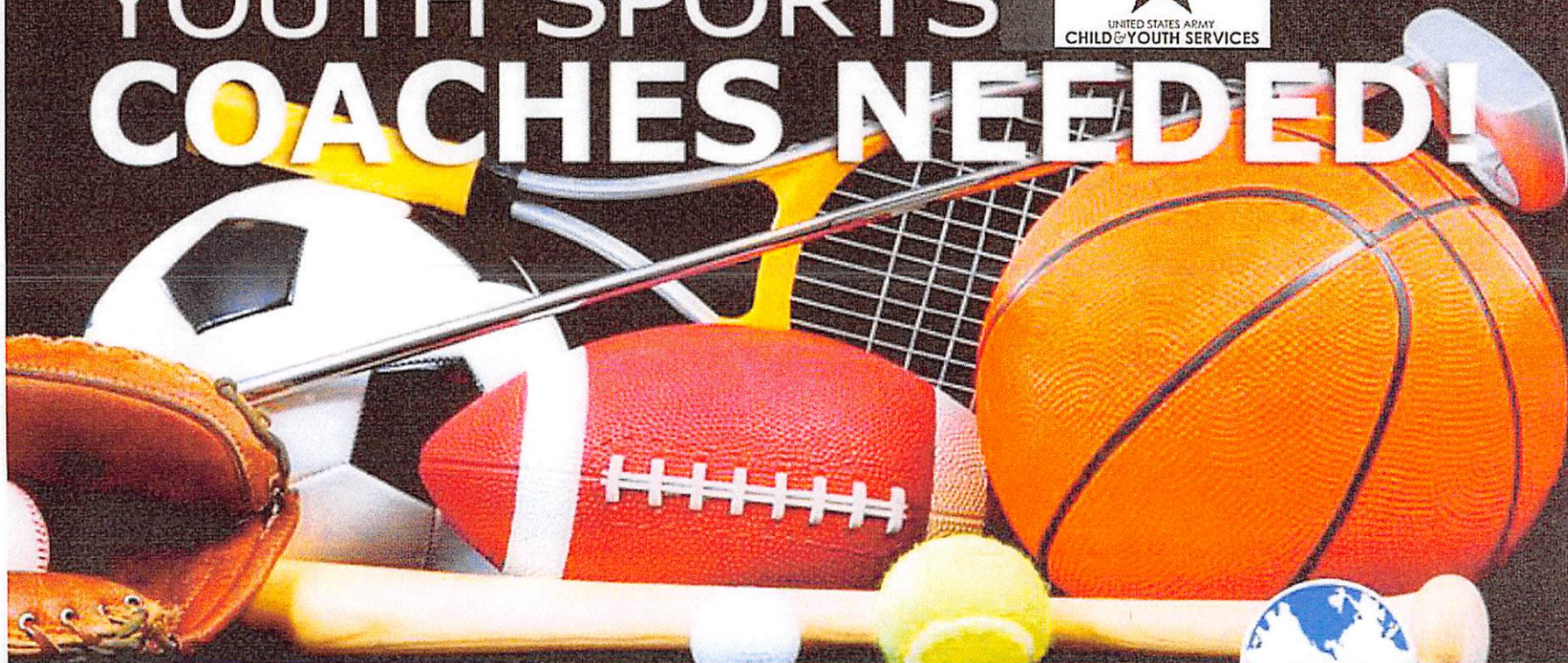


# YOUTH SPORTS COACHES NEEDED!



## FOR ALL SEASONS



### WHATS OFFERED & REQUIRED:

- COMPLETION OF BACKGROUND CHECKS
- BASIC CPR, 1ST AID, CONCUSSION TRAINING, ETC...
- CERTIFICATION THROUGH THE NATIONAL YOUTH SPORTS COACHING ALLIANCE (NYSCA)
- CHILD ABUSE IDENTIFICATION AND REPORTING TRAINING

Are you interested in coaching? CYS Youth Sports and Fitness needs you! Volunteer head coaches and assistant coaches are needed. If you coach, your child/children play **FREE** of charge. Give the gift of a positive youth sports experience. Victory Starts Here!

**Volunteer and make a difference in the lives of military children.**

Call 803 751-7451 for more information



# FMgr Background Check Request (BCR) Checklist

## Initial Requests-



**Military**  
**Contractors (Regular Recurring)**  
**Volunteers, Contractors (Short Duration), "Other" Personnel Categories**

Applicant's Name

Garrison Name

Fort Jackson

Functional Manager

Charles Stoudemire

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

**REQUIRED FOR ALL**

- ☒ IMCOM Worksheet 30A (v1 MAY22)
- ☒ IMCOM Form 30 (v1 MAY22)
- ☒ DD Form 2981 (v DEC21)
- ☒ DA Form 5018-R (CSSC template dtd March 2018 HQDA ASAP Child/Youth Svcs Suitability Prog)

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**MILITARY  
Additional  
Requirements**

- ☐ Summary of Child Services Duties
- ☐ Residency History Worksheet 29 (v1 MAY22)

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**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 DEC20)
- ☐ OF 306 (rev. October 2019) (valid w/in 1 year of signature date) **Residency**
- ☐ History Worksheet 29 (v1 MAY22)

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**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- APPLICANT PROVIDED INFORMATION**

SSN: <input type="text"/>	Prefix or Rank: <input type="text"/>	Last Name: <input type="text"/>	First Name: <input type="text"/>	Middle Name: <input type="text"/>	Maiden Name: <input type="text"/>
Postfix or Suffix: <input type="text"/>	Date of Birth: <input type="text"/>	Birth Country: <input type="text"/>	Birth State: <input type="text"/>	Birth City: <input type="text"/>	
Primary Email: <input type="text"/>	Secondary Email: <input type="text"/>	Primary Phone: <input type="text"/>	Secondary Phone: <input type="text"/>		
Current Street Address: <input type="text"/>	Current City: <input type="text"/>	Current State: <input type="text"/>	Current Country: <input type="text"/>	Current Zip Code: <input type="text"/>	

**SECTION II- REQUEST TYPE**

Personnel Category: <input type="text" value="Volunteer (Specified Volunteer)"/>	Request Type: <input type="text" value="Initial"/>	Position Nexus: <input type="text" value="N/A"/>	Anticipated Start Date: <input type="text"/>
Functional Area: <input type="text" value="CYS"/>	Special Focus Program: <input type="text" value="N/A"/>	Employment Location: <input type="text" value="Fort Jackson"/>	Employment Position: <input type="text" value="Coach"/>

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

Requester Name: <input type="text" value="Charles Stoudemire"/>	Requester Telephone: <input type="text" value="803-751-6234"/>	Requester Email: <input type="text" value="charles.h.stoudemire2.naf@army.mil"/>
Alternate Name: <input type="text" value="Mandy Fennell"/>	Alternate Telephone: <input type="text" value="803-751-5259"/>	Alternate Email: <input type="text" value="adrienne.a.fennell.naf@army.mil"/>
Garrison: <input type="text" value="Fort Jackson, SC"/>	Installation: <input type="text" value="Fort Jackson"/>	Directorate/Organization: <input type="text" value="FMWR / CYS"/>

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

Approximate Year Background Check Completed: <input type="text"/>	Completed by: <input type="text" value="Select one"/>	Name of Losing Garrison/Installation: <input type="text"/>	POC Email: <input type="text"/>
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**SECTION V- VOLUNTEERS, CONTRACTORS (SHORT DURATION) AND OTHER CATEGORIES (FINGERPRINTS)**

Date fingerprint completed: <input type="text"/>	Date hard copy mailed (when LIVESCAN is down): <input type="text"/>	Method of delivery: <input type="text"/>	Tracking number: <input type="text"/>
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**SECTION VI- CENTRALIZED CONTRACT** (only required for Contract Companies that submit fingerprints)

Date fingerprint completed: <input type="text"/>	Date hard copy mailed: <input type="text"/>	Method of delivery: <input type="text"/>	Tracking number: <input type="text"/>
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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: <input type="text"/>	Name: <input type="text"/>	SSN #: <input type="text"/>	Birth Date: <input type="text"/>	Birth Place: <input type="text"/>
Category: <input type="text"/>	Name: <input type="text"/>	SSN #: <input type="text"/>	Birth Date: <input type="text"/>	Birth Place: <input type="text"/>
Category: <input type="text"/>	Name: <input type="text"/>	SSN #: <input type="text"/>	Birth Date: <input type="text"/>	Birth Place: <input type="text"/>
Category: <input type="text"/>	Name: <input type="text"/>	SSN #: <input type="text"/>	Birth Date: <input type="text"/>	Birth Place: <input type="text"/>

**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: <input type="text"/>	Date Submitted: <input type="text"/>
CDE Received (Name and Signature): <input type="text"/>	Date Received: <input type="text"/>

**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](mailto: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. 522a(b) of the Privacy Act of 1974, these records may specifically be disclosed outside of DoD pursuant to 522a(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.dod.mil/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**
**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:**
☐ Yes ☐ No

**DRUG OR ALCOHOL:**
☐ Yes ☐ No

**VIOLENT CRIME/  
ASSAULTIVE BEHAVIOR:**
☐ Yes ☐ No

**SEX CRIME:**
☐ Yes ☐ No

**DOMESTIC VIOLENCE:**
☐ Yes ☐ No

**OTHER:** ☐ Yes ☐ 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.

<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, 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)**

**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, 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

Charles H. Stoudemire, III

**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

## CHILD, YOUTH & SCHOOL SERVICES VOLUNTEER APPLICATION

**AUTHORITY:** Title 10, United States Code, Section 3013. **PRINCIPAL PURPOSE:** Information is used by DA personnel to identify potential CYS Services Volunteers and services to be provided. **ROUTINE USES:** Information provided may be released IAW the Army's blanket routine uses contained in AR 340-21. **DISCLOSURE:** Disclosure of requested information is voluntary; however, if information is not provided, individual may not be allowed to volunteer in CYS Services programs.

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
PLEASE PRINT

HOME ADDRESS \_\_\_\_\_ WORK PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ HOME/CELL PHONE \_\_\_\_\_

WORK/VOLUNTEER EXPERIENCE WITH CHILDREN/YOUTH: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SPECIAL SKILLS, INTERESTS OR HOBBIES YOU WOULD LIKE TO SHARE WITH YOUTH/CHILDREN (crafts, music, bilingual ability, carpentry, cooking):

\_\_\_\_\_

\_\_\_\_\_

IN WHICH CYS SERVICES PROGRAM WOULD YOU LIKE TO VOLUNTEER? \_\_\_\_\_

WOULD YOU PREFER TO WORK: (CIRCLE YOUR CHOICE) WITH CHILDREN/YOUTH OR IN AN OFFICE ENVIRONMENT?

WHICH AGE GROUP DO YOU PREFER? \_\_\_\_\_ NO PREFERENCE

\_\_\_ INFANT \_\_\_ TODDLER \_\_\_ PRESCHOOL \_\_\_ SCHOOL AGE \_\_\_ TEENS

### REFERENCES

*Please provide the contact information on three (3) persons (other than relatives) who may be contacted for references. They should know you personally and be willing to verify your character, ability and experience.*

1. NAME: OCCUPATION: RELATIONSHIP:

E-MAIL ADDRESS:

PHONE #'s:

2. NAME: OCCUPATION: RELATIONSHIP:

E-MAIL ADDRESS:

PHONE #'s:

3. NAME: OCCUPATION: RELATIONSHIP:

E-MAIL ADDRESS:

PHONE #'s:



**IMCOM-HQ CYS SERVICES VOLUNTEER SPORTS AND FITNESS COACH JOB  
DESCRIPTION – Page 1**



**U.S. Army Child, Youth  
& School Services**

- Organization:** IMCOM-HQ, Child, Youth and School (CYS) Services Sports and Fitness (SF)
- Position Title:** CYS Services Sports and Fitness Volunteer Coach
- Summary:** *A good coach improves your game. A great coach improves your life – Michael Josephson*
- Duties:** Teach proper skills, fundamentals of rules, strategies and procedures needed to participate in a specified sport in accordance with the CYS Services requirements. Be present at scheduled practices and games at least fifteen minutes before the scheduled starting time. Inform CYS Services SF staff members regarding changes, concerns and issues. Keep players and parents informed about all practice and/or games times and any changes. Maintain a focus on sports skill development, recreation, maximum participation of players, and leisure activities. Maintain CYS Services property, role model appropriate behavior (e.g., Army Values, CYS Services Statement of Understanding) and abide by the CYS Services SF philosophy.
- Time Required:** Practices are generally held during the period  
Monday – Friday: 1700-2000  
Note: Practices must be conducted IAW CYS Services guidance  
  
Games are generally held Saturday: 0800-1700  
Note: Average – one game per week; times vary.
- Benefits:** Program is designed to promote positive attitudes and reinforce CYS Services SF philosophy and Army core values to offer children and youth opportunities to feel competent and instill values associated with the pursuit of skills in sports, fitness, nutrition and recreational activities.



**IMCOM-HQ CYS SERVICES VOLUNTEER SPORTS AND FITNESS COACH JOB  
DESCRIPTION – Page 2**

**Training:** National Youth Sports Coaches Association (NYSCA)  
Child Abuse Reporting, Prevention, Identification and Recognition  
Developmentally Appropriate Practices  
First Aid / CPR Orientation  
Concussion Training

**Orientation:** CYS Services Sports and Fitness Certification Clinic  
Parents Association for Youth Sports (PAYS) Orientation  
Parent Meeting specific to sport meeting being coached

**Qualifications:** Background/clearance check IAW CYS Services guidance

**Supervisor:** CYS Services Sports and Fitness Director

**Assessment:** CYS Services SF Volunteer Coaches will receive feedback through the CYS  
Services SF Director.  
Must be available approximately 4-8 hours per week

**CYS Services SF Supervisor Signature:**

\_\_\_\_\_  
CYS Services, Sports and Fitness Director

**Coach/Volunteer Signature:**

\_\_\_\_\_  
CYS Services Sports and Fitness Volunteer

**Contact Information:** (FILL IN LOCAL INFORMATION HERE: NAME, EMAIL, DSN  
and CIV PHONE)

*CYS Services Sports and Fitness – Bringing out the best in youth*

## Contractor, Volunteer Data Entry

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

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

Date of Birth: \_\_\_\_\_

Place of Birth (City/State): \_\_\_\_\_

Address: \_\_\_\_\_

Home of Record (City/State): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone Provider: \_\_\_\_\_

Email Address: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Schooling Level:                      **HS**                      **Associates**                      **Bachlors**                      **Masters**                      **Other**

Previous Vol/Contract Experience?                      **YES / NO**

Location: \_\_\_\_\_

Are you Off Duty Military?                      **YES / NO**

Unit \_\_\_\_\_

Mil Status \_\_\_\_\_

Mil Grade \_\_\_\_\_

Branch \_\_\_\_\_

Work Phone \_\_\_\_\_

Is your spouse Military?                      **YES / NO**

Unit \_\_\_\_\_

Mil Status \_\_\_\_\_

Mil Grade \_\_\_\_\_

Branch \_\_\_\_\_

Work Phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**CHILD, YOUTH & SCHOOL SERVICES  
VOLUNTEER/CONTRACTOR BACKGROUND CLEARANCE REQUEST**

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Title 10, United States Code, Section 3013  
**PRINCIPAL PURPOSE:** To provide background information regarding prospective volunteers to CYS Services to use in the application process.  
**ROUTINE USES:** Information provided may be released IAW the Army's blanket routine uses contained in AR340-21.  
**DISCLOSURE:** Disclosure of request information is voluntary, however, if information is not provided, application of the candidate may be denied.

**NAME OF APPLICANT (Last, First, MI)**

Applicant has applied to be a volunteer with CYS Services as a(n) \_\_\_\_\_ with the \_\_\_\_\_  
Program. This office must pursue all means to verify the character and ability to work with children/youth in a CYS Services setting.

**CHARACTER REFERENCE INFORMATION**

TO YOUR KNOWLEDGE, DOES THIS INDIVIDUAL	Check One		
	Yes	No	N/A
1. RELATE TO CHILDREN AND ADULTS IN A SENSITIVE AND POSITIVE MANNER			
2. HAVE THE STAMINA, PATIENCE AND CAPABILITY TO WORK WITH CHILDREN FOR SUSTAINED PERIODS OF TIME			
3. SHOW EVIDENCE OF REPUTABLE CHARACTER			
4. SOUND JUDGEMENT - ACT RESPONSIBLY IN CRISIS SITUATIONS			
5. SPEAK, READ AND WRITE ENGLISH TO THE EXTENT HE/SHE CAN EXECUTE HEALTH AND SAFETY DIRECTIVES			
6. DEPENDABILITY - MEETS RESPONSIBILITIES AND DOES REQUIRED DUTIES WITHIN TIME ESTABLISHED			
7. COOPERATION - A TEAM WORKER, MAINTAINS GOOD WORKING RELATIONSHIPS			
8. SHOW EVIDENCE OF MENTAL HEALTH PROBLEMS WHICH COULD ADVERSELY AFFECT THE HEALTH OR SAFETY OF CHILDREN IN PROGRAMS			
9. TO YOUR KNOWLEDGE HAS THERE BEEN ANY CONVICTION OF, ADMISSION TO, OR SUBSTANTIVE EVIDENCE OF AN ACT OF CHILD ABUSE (i.e. battering, molesting, etc) OR NEGLECT, USE OF ILLEGAL DRUGS OR ALCOHOL ABUSE BY THIS INDIVIDUAL			

REMARKS: EXPLAIN ANY (NO) ANSWERS TO ITEMS 1-7 AND (YES) ANSWERS TO ITEMS 8-9. ADDITIONAL INFORMATION RELEVANT FOR THE PURPOSE OF THIS BACKGROUND CLEARANCE REQUEST MAY BE PROVIDED ON THE REVERSE SIDE.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRINTED NAME	ADDRESS	SIGNATURE
POSITION	PHONE NUMBER	DATE

**SUBMIT THIS FORM TO THE ADDRESS LISTED BELOW**

**CHILD, YOUTH & SCHOOL SERVICES, 3392 MAGRUDER AVENUE, FORT JACKSON, SC 29207**



**CHILD, YOUTH & SCHOOL SERVICES  
VOLUNTEER/CONTRACTOR BACKGROUND CLEARANCE REQUEST**

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Title 10, United States Code, Section 3013  
**PRINCIPAL PURPOSE:** To provide background information regarding prospective volunteers to CYS Services to use in the application process.  
**ROUTINE USES:** Information provided may be released IAW the Army's blanket routine uses contained in AR340-21.  
**DISCLOSURE:** Disclosure of request information is voluntary, however, if information is not provided, application of the candidate may be denied.

**NAME OF APPLICANT (Last, First, MI)**

Applicant has applied to be a volunteer with CYS Services as a(n) \_\_\_\_\_ with the \_\_\_\_\_  
Program. This office must pursue all means to verify the character and ability to work with children/youth in a CYS Services setting.

**CHARACTER REFERENCE INFORMATION**

TO YOUR KNOWLEDGE, DOES THIS INDIVIDUAL	Check One		
	Yes	No	N/A
1. RELATE TO CHILDREN AND ADULTS IN A SENSITIVE AND POSITIVE MANNER			
2. HAVE THE STAMINA, PATIENCE AND CAPABILITY TO WORK WITH CHILDREN FOR SUSTAINED PERIODS OF TIME			
3. SHOW EVIDENCE OF REPUTABLE CHARACTER			
4. SOUND JUDGEMENT - ACT RESPONSIBLY IN CRISIS SITUATIONS			
5. SPEAK, READ AND WRITE ENGLISH TO THE EXTENT HE/SHE CAN EXECUTE HEALTH AND SAFETY DIRECTIVES			
6. DEPENDABILITY - MEETS RESPONSIBILITIES AND DOES REQUIRED DUTIES WITHIN TIME ESTABLISHED			
7. COOPERATION - A TEAM WORKER, MAINTAINS GOOD WORKING RELATIONSHIPS			
8. SHOW EVIDENCE OF MENTAL HEALTH PROBLEMS WHICH COULD ADVERSELY AFFECT THE HEALTH OR SAFETY OF CHILDREN IN PROGRAMS			
9. TO YOUR KNOWLEDGE HAS THERE BEEN ANY CONVICTION OF, ADMISSION TO, OR SUBSTANTIVE EVIDENCE OF AN ACT OF CHILD ABUSE (i.e. battering, molesting, etc) OR NEGLECT, USE OF ILLEGAL DRUGS OR ALCOHOL ABUSE BY THIS INDIVIDUAL			

REMARKS: EXPLAIN ANY (NO) ANSWERS TO ITEMS 1-7 AND (YES) ANSWERS TO ITEMS 8-9. ADDITIONAL INFORMATION RELEVANT FOR THE PURPOSE OF THIS BACKGROUND CLEARANCE REQUEST MAY BE PROVIDED ON THE REVERSE SIDE.

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