



# YOUTH SPORTS COACHES NEEDED!



## FOR ALL SEASONS

### WHAT'S 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

## Contractor, Volunteer Data Entry

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

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

Social Security Number: \_\_\_\_\_

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: \_\_\_\_\_



# FMgr Background Check Request (BCR) Checklist

## Initial Requests-

Military

Contractors (Regular Recurring)

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



Applicant's Name

Garrison Name

Functional Manager

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

### REQUIRED FOR ALL

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

### MILITARY

Additional  
Requirements

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

CONTRACTORS  
(Regular/Recurring)  
Additional  
Requirements

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

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

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

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

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

**PRIVACY ACT STATEMENT**

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

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

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

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

Clear Form

**SECTION I - REQUEST TYPE**

Personnel Category: Volunteer (Specified Volunteer)

Request Type: ☒ New ☐ Reverification ☐ Transfer

Fiduciary Responsibility: ☐ Yes ☒ No

Driving Responsibility: ☐ Xdr ☒ No

Anticipated Start Date: ASAP

**SECTION II - REQUESTING OFFICE INFORMATION**

Garrison: IMCOM - ID TRAINING

Installation: Fort Jackson

Directorate/Organization: FMWR / CYS

Requester Name: Charles Stoudemire

Requester Telephone: 803-751-6234

Requester E-mail: charles.h.stoudemire2.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: Employment Location: Employment Position:

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

Approximate Year Background Check Completed: Completed by (check one): ☐ CDE ☐ CPAC Name of Losing Garrison/Installation:

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

Date fingerprint completed (MM/DD) : Date hard copy mailed (when LIVESCAN is down): Method of delivery: Tracking number:

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

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

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

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

Date Submitted:

CDE Received (Name and Signature):

Date Received:

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

OMB No. 0704-0516  
OMB approval expires:  
September 30, 2021

The public reporting burden for this collection of information, OMB Control Number 0704-0516, is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at [whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Executive Order 10450 and/or 34 U.S. Code § 20351; DoD Instruction 1402.05, Criminal History Background Checks on Individuals in Child Care Services Programs; DoD Manual 1402.05, Background Checks on Individuals in Department of Defense Child Development and Youth Programs.

**PRINCIPAL PURPOSE(S):** To require individuals who come into regular, reoccurring contact with children under the age of 18 years to self-report any arrests, charges or convictions that would keep the individual from obtaining or maintaining a favorable suitability or fitness determination. Programs impacted are referenced within the 34 U.S. Code § 20351 and include impacted individuals such as employees, DoD contractors, family child care providers, adults residing in a family child care home, volunteers, and others with regular reoccurring contact with children. Individuals who work or volunteer in DoD Child Development and Youth Programs must annually self-report changes to his or her status utilizing this form. All individuals required to complete this form must immediately self-report to their employer/supervisor if they are arrested, charged, convicted, or met criteria for any offense listed on the form. When completed, records are covered by one of the appropriate SORNs:

Army: <http://dpclid.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570012/a0215-fmwrc.aspx>

Navy: <http://dpclid.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570428/nm01754-3.aspx>

Air Force: <http://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569755/f034-af-sva-cl>

**ROUTINE USES:** This form will be initiated by DoD staff and will be maintained in the initiating DoD offices and/or appropriate Human Resources or Security Offices. Information received as a result of this release may be used to assess interim/on-going or final suitability or fitness for DoD personnel working with children. ONLY DoD Child Development and Youth programs are required to update and sign annually. A copy of the form is maintained in the staff member's personnel file. The DoD "Blanket Routine Uses" found at <http://dpclid.defense.gov/Privacy/SORNsIndex/Blanket-Routine-Uses/> may apply to these records.

**DISCLOSURE:** Voluntary; however, failure to furnish all requested information may result in an unfavorable adjudication decision and may affect suitability/fitness.

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

**6. Have you been arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law, Military law, State law, County or Municipal law, or met the Family Advocacy criteria for child maltreatment? (Do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.) (X one) Mark Yes or No for each category. If you answered "Yes," explain your answer in the space provided below or on the back of the form in block 9.**

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

(1) MONTH/ YEAR	(2) OFFENSE	(3) ACTION TAKEN	(4) COURT <i>(City &amp; Country if outside the United States)</i>	(5) STATE	(6) ZIP CODE

**7. I certify that the information provided above is accurate. I understand that I must immediately report to my employer/supervisor or Child and Youth Program representative if I am arrested, charged, convicted, or met criteria for any offense referenced in block 6.**

<b>a. SIGNATURE</b>	<b>b. DATE (YYYYMMDD)</b>
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**8. ANNUAL CERTIFICATIONS (Required by Child Development and Youth Program Staff and Volunteers)**  
In the past year, have you been arrested, apprehended, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law, Military law, State law, County or Municipal law or met the Family Advocacy criteria for child maltreatment.  
**Failure to disclose accurate information may be grounds for dismissal, termination, or disbarment from participating in the program.**

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

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

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

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

**10. AUTHORIZATION AND RELEASE CERTIFICATION**

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

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

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

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

**a. SIGNATURE**

**b. DATE SIGNED (YYYYMMDD)**

**ADAPCP CLIENT'S CONSENT STATEMENT FOR RELEASE OF TREATMENT INFORMATION**

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

**SECTION A - CONSENT**

I, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,   
 (client's full name)  
do hereby voluntarily consent to the release of the following information by HQDA ASAP   
 (name of installation ADAPCP)  
pertaining to my identity, diagnosis, prognosis, or treatment from any Army record maintained in connection with  
alcohol or other drug abuse education, training, treatment, 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

**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:**

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CYS Services, Sports and Fitness Director

**Coach/Volunteer Signature:**

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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*

### 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:** \_\_\_\_\_

**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  
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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			

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**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**