



Youth Sports Volunteer Welcome Letter

Thank you in advance for your interest in volunteering with the Child and Youth Services (CYS) Youth Sports Program. Volunteers are an integral part of our program and we thank you and appreciate you.

Process and What to Expect:

1. Complete the CYS Volunteer Application Packet (please be sure to complete ALL documents and include your references; partial applications will not be accepted).
2. Return your completed application to the Youth Sports Office, Bldg. 10624 Yorktown Drive.
3. Once your paperwork has been received and reviewed, you will be notified to go in for your fingerprint appointment. This appointment will take place in Bldg. 1109, Directorate of Plans, Training, Mobilization and Security (DPTMS), located at 1st street.
4. Once your background checks have been processed and favorably returned, you will be notified that you have been cleared. If any unfavorable information is returned, you will be notified of that as well and the steps you will need to take to continue your application process if you choose to do so.
5. If you have any questions about the application or the application process, please contact the Youth Sports Office at 804-765-3852 Monday through Friday from 0930-1630

Once again, we thank you for your interest in volunteering with Child and Youth Services and we look forward to having you as part of our team.



Fort Lee Youth Sports and Fitness Volunteer Application

<i>Name (Last, First, MI)</i>	<i>Phone:</i>	<i>Cell</i>
<i>Address</i>	<i>City/State</i>	<i>Zip Code</i>
<i>Email Address</i>	<i>Age</i>	<i>Gender</i>

Have you Previously Submitted an Application? ☐ Yes or ☐ No

If yes, when: _____

List Previous Coaching, Team Mom/Dad Experience, and/or relevant Skills:

Position Applying for: ☐ Head Coach ☐ Assistant Coach ☐ Team Mom/Dad

Type of Volunteer Sport you would like to coach (please check all that apply):

- | | | |
|--|---|---|
| ☐ Baseball (Ages 9-15) | ☐ Flag Football (Ages 5-8) | ☐ Volleyball (Ages 8-15) |
| ☐ Coach Pitch (Ages 7-8) | ☐ Soccer (Ages 5-15) | ☐ Kickball (Ages 5-16) |
| ☐ Tee-Ball (Ages 5-6) | ☐ Basketball (Ages 5-15) | ☐ Pickleball (Ages 8-16) |
| ☐ Flag Football (Ages 9-16) | ☐ Running Club (Ages 9-18) | ☐ Dodgeball (Ages 5-16) |
| ☐ Cheerleading (Ages 5-15) | ☐ Track (Ages 7-14) | |

REFERENCES: Please provide the name, address and phone number of two individuals (other than relatives) who may be contacted for references. They should know your personality and be willing to verify your character, ability and experience.

<i>Name (Last, First, MI)</i>	<i>e-mail/Phone</i>
<i>Name (Last, First, MI)</i>	<i>e-mail/Phone</i>

I hereby apply to become a CYS volunteer. I understand in order to qualify, I must meet all standards contained in Army Regulation 608-10 and Installation requirements pertaining to the care of children and youth. I authorize CYS to contact the references listed above.

<i>Volunteer Applicant Signature</i>	<i>Date</i>
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IMCOM-HQ CHILD AND YOUTH SERVICES VOLUNTEER SPORTS AND FITNESS COACH JOB DESCRIPTION – Page 1



Organization:	IMCOM-HQ, Child and Youth Services (CYS) Sports and Fitness (S&F)
Position Title:	CYS s Sports and Fitness Volunteer Coach
Summary:	<i>A good Coach improves your game. A great coach improves your life ~ Michael Josephson</i>
Duties:	Teach proper skills, fundamentals of rules, strategies, and procedures needed to participate in a specified sport in accordance with the CYS requirements. Be present at scheduled practices and games at least fifteen minutes before the scheduled starting time. Inform CYS S&F staff members regarding changes, concerns, and issues. Keep players and parent's informed about all practices and/or game times and any changes. Maintain a focus on sport skill development, recreation, maximum participation of Players, and leisure activities. Maintain CYS property, role model appropriate behavior (e.g., Army Values, CYS Statement of Understanding) and abide by the CYS SF philosophy.
Time Required:	Practices/Games are generally held Monday-Friday: 1730-2030 or Saturday from 0900-1700 Note: Practices must be conducted in accordance with (IAW) CYS guidance.
Benefits:	CYS S&F program is designed to promote positive attitudes and reinforce CYS S&F 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.
Training:	National Alliance of Youth Sports (NAYS), Child Abuse Reporting, Prevention, Identification and Recognition Developmentally Appropriate Practices First Aid/CPR Orientation Concussion Training

IMCOM-HQ CHILD AND YOUTH SERVICES VOLUNTEER SPORTS AND FITNESS COACH JOB DESCRIPTION – Page 2

Orientation: CYS 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 guidance

Supervisor: CYS Sports and Fitness Director

Assessment: CYS S&F Volunteer Coaches will receive feedback through
 the CYS S&F Directory
 Must be available approximately 4-8 hours per week

CYS, S&F Director

Volunteer Applicant Name

Signature

Volunteer Applicant Signature

Date

Date

VOLUNTEER AGREEMENT FOR



APPROPRIATED FUND ACTIVITIES



NONAPPROPRIATED FUND INSTRUMENTALITIES

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1588, Authority to accept certain voluntary services; 5 U.S.C. 3111, Acceptance of volunteer service; and DoDI 1100.21, Voluntary Services in the Department of Defense.

PRINCIPAL PURPOSES(S): To acknowledge and document Volunteer Agreement for Appropriated Fund Activities or Nonappropriated Fund Instrumentalities before a statutory individual is allowed to provide volunteer services.

ROUTINE USES: There are no specific routine uses anticipated for this information; however, it may be subject to a number of proper and necessary routine uses that are identified in each of the following systems of records notices: (1) A0608b DFSC, Personal Affairs: Army Community Service Assistance Files (at <http://dpcl.d.defense.gov/Privacy/SORNSIndex/DoD-wide-SORN-Article-View/Article/570084/a0608b-cfsc/>); (2) NM01754-2, DON Family Support Program Volunteers (at <http://dpcl.d.defense.gov/Privacy/SORNSIndex/DoD-wide-SORN-Article-View/Article/570427/nm01754-2/>); and (3) F036 AFDPC, Family Services Volunteer and Request Record (at <http://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/569815/f036-af-dp-c/>).

DISCLOSURE: Voluntary; however, lack of a signed Volunteer Agreement will limit Government support and eliminate certain benefits to individuals donating voluntary services to Appropriated Fund Activities and Nonappropriated Fund Instrumentalities.

PART I - GENERAL INFORMATION

1. NAME OF VOLUNTEER (Last, First, Middle Initial)	2. NAME OF PARENT/GUARDIAN (If volunteer is under age 18) (Last, First Middle Initial)	3. VOLUNTEER IS (Select one) ☐ AGE 18 OR OVER ☐ UNDER AGE 18
4. TELEPHONE NUMBER (Include Area Code)		5. E-MAIL ADDRESS

PART II - VOLUNTEER ASSIGNMENT (to be completed by Accepting Official)

6. INSTALLATION/COMPONENT ACTIVITY USAG Fort Lee	7. ORGANIZATION/UNIT WHERE SERVICE OCCURS CYS	8. PROGRAM WHERE SERVICE OCCURS YSF	9. ANTICIPATED DAYS OF WEEK 3	10. ANTICIPATED HOURS 4
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11. DESCRIPTION OF VOLUNTEER SERVICES

To volunteer coach for youth sports and fitness. Volunteers will develop practice plans and strategies for game days. Coaches will follow and maintain the standards of CYS programs. They will volunteer at least 1 hour a day for 3 days of the week for minimum 6 weeks. These hours include practice days and game days. Leading up to volunteering volunteers have 8 hours of NAYS online training, 4 hours of CPR/FA training, 2 hours of hands-on training, and parent meetings. Total amount of hours for the season will estimate about 34 hours total.

PART III - VOLUNTEER CERTIFICATION

12. CERTIFICATION

I expressly agree that my services (or those of my minor child) are being provided as a volunteer and that I will not be an employee of the United States Government or any instrumentality thereof, except for certain purposes relating to compensation for injuries occurring during the performance of approved volunteer services, tort claims, the Privacy Act, criminal conflicts of interest, and defense of certain suits arising out of legal malpractice. I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits for these voluntary services. I agree to be bound by the laws and regulations applicable to voluntary service providers, to participate in any training required to perform assigned voluntary duties, and to follow all installation, unit and organization rules and procedures applicable to the voluntary services I (or my minor child) will be providing.

a. SIGNATURE OF VOLUNTEER	b. SIGNATURE OF PARENT/GUARDIAN (if volunteer is under age 18)	c. DATE SIGNED (YYYYMMDD)
13.a. NAME OF ACCEPTING OFFICIAL (Last, First, Middle Initial)	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

PART IV - TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR AND SIGNED BY VOLUNTEER

14. AMOUNT OF VOLUNTEER TIME DONATED	a. YEARS. (2,087 hours = 1 year)	b. WEEKS	c. DAYS	d. HOURS	15. SERVICE END DATE (YYYYMMDD)
16.a. VOLUNTEER SIGNATURE	b. PARENT/GUARDIAN SIGNATURE (If volunteer is under age 18)	17.a. NAME OF SUPERVISOR (Last, First, Middle Initial)	b. SUPERVISOR'S SIGNATURE	c. DATE SIGNED (YYYYMMDD)	

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:	Select one	Request Type:	Select one	Position Nexus:	Select one	Anticipated Start Date:	
Functional Area:	Select one	Special Focus Program:	Select one	Employment Location:		Employment Position:	

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

Requester Name:		Requester Telephone:		Requester Email:	
Alternate Name:		Alternate Telephone:		Alternate Email:	
Garrison:		Installation:		Directorate/Organization:	

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:	

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)

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