



USAG STUTTGART_VOLUNTEER COACH PACKET

Rev: APR22

CYS Services' process for vetting and clearing volunteers is outlined in Army Directive 2014-23. All mandatory checks are processing through the Commander Designated Entity (CDE) and the Background Check Administrator (BCA). Once all portions of the enclosed Preliminary Background Check (PBC) packet have been received, prospective volunteers will be referred to the BCA office by CYS Staff for an appointment to initiate the FBI Fingerprint Check.

Per Army Directive 2020-17, **CYS Immunization Requirements**, all regular volunteers (Sport Coaches) are required to provide an immunization record. If one is not available, an exception to policy (ETP) must be provided for approval through higher headquarters (G-9).

Per ANNEX A (CYS Immunization Guidance) to OPERATIONS ORDER 21-033, CYS required immunizations for CYS staff and regular volunteers include: annual influenza, TDaP, MMR and Varicella (Chickenpox).

Records will be strictly confidential and be made available for higher headquarter (G-9) inspection purposes. More information can be obtained by contacting the CYS Sports Office as well as receiving an exception to policy form.

No prior coaching experience necessary and candidates must be at least 16 years old to apply for a volunteer coach position. Background checks are good for five (5) years.

The portions of this packet include:

- ***Individual Development Plan (IDP): For internal use***
- ***Volunteer Application***
- ***Volunteer Job Description***
- ***DD 2793 - Volunteer Agreement***
- ***DD 2981 - Disclosure Statement***
- ***5018-R: Consent to run required local installation checks***
- ***Statement of Understanding - Standards of Conduct***
- ***Coaches Code of Ethics***
- ***Volunteer Reference Form (Separate File): 2 required, can be submitted separately***

Once completely filled out, please forward the entire packet to CYS Sports Department and keep a copy at your site. We highly encourage candidates to submit the packet to the CYS Sports & Fitness group email box below:

usarmy.stuttgart.id-europe.mbx.youthsports@mail.mil

You may also submit the packet to the following locations and/or POC's listed below:

CYS Sports Office

Panzer Kaserne (Family Housing Gate)

BLDG 3162

2nd Floor (Exterior Metal Staircase)

Parent Central Services

Patch Barracks

BLDG 2347

2nd Floor (Corner Entrance)

CYS Sports and Fitness POC's:

jason.m.kettenhofen.naf@army.mil ; james.w.mcadams-thornton.naf@army.mil;

Once the packet is received, our office will reach out with further processing directions. For any additional questions, please contact 431-2616 (07031-15-2616), We appreciate your support of our youth sports program and look forward to working with you in future seasons.

-Your CYS Sports & Fitness Team-

USAG STUTTGART CYS SPORTS & FITNESS

CYS COACH IDP STAFF CHECKLIST

Volunteers must submit a completed volunteer packet prior to coaching for CYS. Volunteer coaches who have not completed the background check process (*) will be placed in Line-of-Site Supervision (LOSS) status. Volunteer coaches must update their Individual Development Plan (IDP) annually to ensure mandatory trainings are current. Volunteer coaching packets are kept on file at the CYS Sports office. Transfer volunteer packets remain on site for 3 years from the date of becoming inactive.

*Background checks are good for 5 years.

Volunteer:

Received:

Documents in Packet:

- _____ IDP (Signature needed)
- _____ Volunteer Application
- _____ Statement of Understanding Recert date: _____) Needs to be signed yearly
- _____ DD Form 2981 (Recert date: _____) Needs to be signed yearly
- _____ Personal References: (Needing two)
- _____ CYS Coach Position Description
- _____ Volunteer Agreement
- _____ Coaching Code of Ethics
- _____ DA Form 5018-R- Client Consent

Background Checks:

- _____ FBI Fingerprint Check (Appointment date: _____)
- _____ Background Verification Checklist (BVC) (Cleared date: _____) Reverification Date _____

Training:

- _____ Orientation Course (Training date: _____)
- _____ Child Abuse Prevention (CAP) (Training date: _____/ Recert dates: _____)
- _____ NAYS Initial Sport: _____ Date: _____
- _____ Additional Sport: _____ Date: _____
- _____ Additional Sport: _____ Date: _____
- _____ Additional Sport: _____ Date: _____

USAG STUTTGART CYS Services

Sports & Fitness Volunteer Application

Full Name: Last _____, First _____, Middle _____

Maiden Name (If Applicable): _____

Place of Birth: City _____, State _____, Country _____

Status: Active Duty Civilian Contractor Spouse Dependent
Retiree LN/FN Other: _____

CMR Address: CMR _____ Box # _____ Zip _____

Email Address (Personal): _____

Email Address (Work): _____

Cell Phone: _____ **Home Phone:** _____

This application is to volunteer in the following capacity (please circle all applicable):

Head Coach Asst. Coach Official Game Administrator

Interest in coaching the following sports (circle all applicable):

Soccer Basketball Baseball Softball Track & Field Lacrosse

Archery Cheerleading Wrestling Football Flag Football Golf

Bowling Volleyball Other: _____

Please list previous coaching experience: _____

I understand that as a volunteer coach, official or administrator, I am acting in this capacity under the direction of CYS Services and the Sports & Fitness program. All mandatory trainings, certifications and clinics must be completed on an annual basis and is a condition of appointment. I pledge to adhere to the coaches' code of conduct, all sporting regulations outlined in the IMCOM-E Operational Guidance and the governing bodies appointed within (Little League, NFHS, etc.).

I understand that parents, family members and all others wishing to assist must be registered volunteers with CYS Services, have the proper background checks and will refer all interested parties to their offices before allowing them to participation in practices and/or games.

Applicant's Signature

Date

JOB TITLE: CYS Sports Head Coach/Assistant Coach

AGENCY: CYS Sports

DATE :

Volunteering CYS Sports & Fitness

1ST LINE SUPERVISOR: Jason Kettenhofen

2ND LINE SUPERVISOR: Jay McAdams-Thornton

DEPARTMENT OF DEFENSE GUIDELINES FOR CONTRACTORS: Volunteers may not hold policy-making positions, supervise paid employees or military personnel, or perform inherently governmental functions, such as determining entitlements to benefits; authorized Volunteers may be used to assist and augment the regularly funded workforce, but may not be used to displace paid employees or in lieu of filling authorized paid personnel positions. Voluntary services may not be used to displace paid employees or in lieu of filling authorized paid personnel positions. Voluntary services may not be accepted in exchange for any personnel action affecting any paid employee or military member. Volunteers shall not perform duties that render them unusually susceptible to injury or to causing injury or to others. Volunteers are supervised by a paid employee (Civil Service or non-appropriated fund employee), a military member or volunteer who is so supervised. When required, volunteers must be licensed, privileged, appropriately credentialed or be otherwise qualified under applicable law, regulations, or policy to provide the voluntary services involved.

Job Duties: Maintain a positive and fun environment that encourages participation and safe enjoyment of the sport. Organizes practices that are fun and challenging, and use coaching techniques appropriate for each of the skills being taught as well as the age group being coached. Demonstrates fair play and sportsmanship to all players, officials and parents. Places the emotional and physical well being of the players ahead of a personal desire to win. Provide a sports environment that is free of drugs, tobacco, and alcohol. Reports violations directly to officials, CYS Staff or parents.

SKILLS REQUIRED: For each Sport, be knowledgeable in the rules and their application.

IMPORTANT – READ BEFORE SIGNING!

BACKGROUND CHECK REQUIRED: Disclosure is voluntary; however, failure to provide requested information may result in denial of your request to be a Volunteer. The information will be used primarily by CYS Services to determine your eligibility to serve in the requested Volunteer position as authorized by PL93-247, Child Abuse Prevention and Treatment Act of 1974, DoD Directives 6400.1, 6400.2, and 6400.3. Background inquiries are requested from but not limited to the following agencies: Alcohol Substance & Abuse Program (ASAP), Family Advocacy, USA Criminal Investigation Command (USACIDC), local law enforcement to include military police (MP), Behavioral Health and two reference checks. All background requests, except USACIDC check, must be finished before an individual may coach. **By signing this form, the volunteer applicant acknowledges that all checks must be initiated and completed before any volunteer coach can start working with the team.**

Required Training: Coaches' Orientation course, Child Abuse Prevention course, NAYS Online Certification, Coaches meeting

TIME REQUIRED: INITIAL TRAINING: 12-20 hours. Weekly coaching work load: 0-15 hours

USE OF VEHICLE REQUIRED: NO

Specific duties performed while using vehicle: NO

**The use of a government owned vehicle is strictly prohibited unless specifically authorized.*

Coach's Printed Name

Signature

Date

CYS S&F POC Signature

Date

VOLUNTEER AGREEMENT FOR			
<input type="checkbox"/> APPROPRIATED FUND ACTIVITIES		<input checked="" type="checkbox"/> NONAPPROPRIATED FUND INSTRUMENTALITIES	
PART I - GENERAL INFORMATION			
1. TYPED NAME OF VOLUNTEER (<i>Last, First, Middle Initial</i>)		2. YEAR OF BIRTH	
3. INSTALLATION		4. ORGANIZATION/UNIT WHERE SERVICE OCCURS USAG Stuttgart, CYS Sports & Fitness	
5. PROGRAM WHERE SERVICE OCCURS CYS Sports & Fitness		6. ANTICIPATED DAYS OF WEEK 2-4 Days	7. ANTICIPATED HOURS 4-12 Hours
8. DESCRIPTION OF VOLUNTEER SERVICES CYS Sports & Fitness volunteer coach for our youth sports program. Sports will vary based on the availability of the volunteer as well as their knowledge of the sport to be coached.			
PART II - VOLUNTEER IN APPROPRIATED FUND ACTIVITIES			
9. CERTIFICATION I expressly agree that my services 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 and agree to participate in any training required by the installation or unit in order for me to perform the voluntary services that I am offering. I agree to follow all rules and procedures of the installation or unit that apply to the voluntary services I will be providing.			
a. SIGNATURE OF VOLUNTEER NA		b. DATE SIGNED (YYYYMMDD)	
10.a. TYPED NAME OF ACCEPTING OFFICIAL (<i>Last, First, Middle Initial</i>) NA	b. SIGNATURE NA		c. DATE SIGNED (YYYYMMDD)
PART III - VOLUNTEER IN NONAPPROPRIATED FUND INSTRUMENTALITIES			
11. CERTIFICATION I expressly agree that my services 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 and liability for tort claims as specified in 10 U.S.C. Section 1588(d)(2). 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, and agree to participate in any training required by the installation or unit in order for me to perform the voluntary services that I am offering. I agree to follow all rules and procedures of the installation or unit that apply to the voluntary services that I am offering.			
a. SIGNATURE OF VOLUNTEER		b. DATE SIGNED (YYYYMMDD)	
12.a. TYPED NAME OF ACCEPTING OFFICIAL (<i>Last, First, Middle Initial</i>)	b. SIGNATURE		c. DATE SIGNED (YYYYMMDD)
PART IV - TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR			
13. AMOUNT OF VOLUNTEER TIME DONATED		14. SIGNATURE	
a. YEARS (2,087 hours=1 year)	b. WEEKS	c. DAYS	d. HOURS
15. TERMINATION DATE (YYYYMMDD)			
16.a. TYPED NAME OF SUPERVISOR (<i>Last, First, Middle Initial</i>)		b. SIGNATURE	
		c. 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.

SSN: _____
DOB: _____, 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

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

Statement of Understanding Child and Youth Services Personnel

Standards of Conduct and Accountability in Child and Youth Services (CYS) Programs

I understand that:

1. I am responsible for providing guidance in accordance with (IAW) CYS Policy by using knowledge, skills and abilities to identify appropriate and inappropriate behavior of children/youth based on their age and social/emotional development. I will role-model and explicitly teach problem-solving strategies, impulse control, empathy and acceptance of self and others as well as pro-social behavior.
2. I will never use corporal/physical punishment, psychological abuse or coercion as an acceptable form of guidance. Guidance will never be punitive in nature. Children will not be punished physically or verbally for lapses in toilet training or refusing food. I will never punish children/youth by any of the following: spanking, pinching, dragging or grabbing, shaking, or other corporal punishment; isolation, time away/timeout, or overly punitive restrictions; confinement in closets, boxes, or similar places **or locked seclusion; manual, mechanical, or chemical restraint**; humiliation, **demeaning, shaming**, verbal abuse, taunting, teasing, **degrading language or activities, or psychological pain**; deprivation of meals, **hydration**, snacks, outdoor play opportunities, or other program components; **aversive stimuli; forced physical exercise to eliminate behaviors; punitive work assignments; punishment by peers; or group punishment or discipline for individual behavior**. Restricting the use of specific play materials and equipment, or participation in a specific activity will be based on the developmental age and social/emotional development of the child and if it poses a safety concern for the child or others.
3. I am responsible for knowing the boundaries for appropriate and inappropriate touching that are established to ensure that CYS personnel have a clear understanding of what is acceptable and what is not. These boundaries are specified in the Standards of Conduct and Accountability SOP.
4. If an allegation of abuse/neglect is made against me, it will be grounds for immediate closure of my Family Child Care (FCC) home or reassignment outside of CYS until the investigation is completed.
5. I am responsible for supervising Infants, Pre-toddlers and Toddlers by sight and sound at all times, including when sleeping. Mirrors and video monitoring do not replace direct sight and sound supervision. Preschool and kindergarten children are supervised by sight most of the time, with the exception of brief periods when children cannot be seen but still heard, as long as I check frequently on children who are out of sight (e.g. child using the toilet independently, child in a library area). Kindergarteners and School-age children may leave my supervision for brief periods, so long as they are in a safe environment (such as going to a hall bathroom) but must be within sight and/or hearing most of the time. Middle

School and Teen youth are supervised by monitoring areas where youth are engaged in activities and requires that I move throughout the facility.

6. I am responsible for maintaining specific accountability for each Child Development Center (CDC)/Family Child Care (FCC) child in my group or each School Age Center (SAC)/Middle School Teen (MST) youth in my facility. I will follow the systems in place to account for children and youth at regular intervals, especially during periods of transition in CDC/SAC and during off-site activities based on risk assessment analysis. If I observe a child slipping away from or leaving his/her primary care group or discover a youth in an off-limits area within the facility, I will notify the primary caregiver. These instances are not considered abuse/neglect. I am part of a team and am responsible for assisting my teammates as needed.

7. I will conduct or participate in a face-to-name count of children conducted once per hour in CDCs and during transitions in and out of the classroom. I will monitor all School Age children and Middle School/Teen youth while they independently move throughout the facility.

8. I must ensure the physical count of children/youth and/or the system that is used to monitor the whereabouts of children matches the number signed in (applies to direct care and management staff). I must ensure that the physical count of children/youth matches the number swiped into Child and Youth Management System (CYMS) (applies to management staff only).

9. I will focus my full attention on the children/youth in my care and will refrain from using personal electronic devices (to include cell phones, tablets, laptops and smart watches) while counted in ratio.

10. I am responsible for ensuring that all children/youth safely evacuate the building in the event of an emergency.

11. I understand that CYS facilities are under continuous video and audio surveillance through Closed Circuit Television (CCTV). I also understand that recordings may be used to substantiate or refute allegations of child abuse/neglect or employee misconduct, as a training aide, or to recognize positive performance.

12. I may be observed by a manager or Training Specialist as part of a documented training or performance observation any time during my duty hours, either in person or through the use of the CCTV System.

13. As a mandated reporter I will immediately and directly report to the Reporting Point of Contact (RPOC) and local Child Protective Services (CPS) (if located in the U.S.) any incident I witness which a reasonable person would consider child abuse or neglect.

14. If I witness an incident that a reasonable person would not consider child abuse or neglect, but is still a violation of this guidance, I will immediately verbally report it to my supervisor or other management staff, and follow up in writing.

15. I am responsible for completing reports on accidents, injuries to children/youth, or other unusual incidents that occur while I am on duty.

16. I will wear my appropriate color coded apparel (ensuring apparel can be seen at all times and from all angles) when caring for children/youth.

17. I will refrain from commenting, passing judgment, or providing guidance or input on sensitive topics with children/youth. I will encourage children/youth to reach out to a trusted family member or counselor for discussion.

18. The following Social Media and Electronic Communications are prohibited:

- Displaying in the workplace or any other place likely to embarrass or undermine the professional credibility of the CYS program or otherwise interfere with CYS operations, any material that is sexually explicit, provocative, inappropriate, inflammatory, or unprofessional. Such materials shall not be present on CYS premises.
- Communication to staff or children/youth that is unprofessional or inappropriate.
- Communication with children/youth through social media platforms except via the program's official social media pages (e.g. facebook, twitter).
- Communication with children/youth by email and messaging except via staff's .mil email address – all electronic communications with children/youth will have a parent and at least one other paid staff member on the cc line.
- Communication with children/youth by text message via a personal device.
- Sharing home or personal email, messaging, phone numbers or social media addresses with children/youth.
- Posting media to a personal social media site which includes non-familial children/youth enrolled in CYS programs.
- Use of Personal Electronic Devices while on duty.

19. I am required to immediately inform my supervisor/program director if I am charged with a crime referenced on the DD Form 2981 Basic Criminal History and Statement of Admission.

CAREGIVER'S CREED

"I am an Army Caregiver, a professional trained in my duties. I serve Department of Defense Families who protect the nation, by protecting their children/youth. I will always provide a safe, nurturing, enriching environment and ensure accountability for children/youth in my care. Never will I put children/youth in harm's way or allow others to do so. I will build trust with parents/guardians so they can concentrate on their mission. I will always treat Families with the dignity and respect they deserve. Army Caregivers are key members of the Army Team. I am an Army Caregiver."

My signature acknowledges that I have read, understand, and will comply with the Caregiver's Creed and the Standards of Conduct and Accountability SOP on appropriate guidance, touching, interactions, social media, and accountability of children/youth, and my role in preventing and reporting child abuse or neglect in CYS programs.

In addition, my signature acknowledges I have read and understand:

- a. AR 608-10, sections pertaining to the Touch Policy and supervision of children, and other sections as directed by management;
- b. AR 608-18 Chapter 8, Out of Home Cases in DoD Sanctioned Activities;
- c. Latest CYS Multi-Disciplinary Team Inspection tool sections on Risk Management and Supervision; and
- d. My Position Description, which states my designation as a mandated reporter of child abuse or neglect.

I understand that failure to comply with these policies may result in adverse disciplinary action taken against me.

Year 1:

Volunteer/ Contractor, Signature

Print Name

Date

Year 2:

Volunteer/ Contractor, Signature

Print Name

Date

Year 3:

Volunteer/ Contractor, Signature

Print Name

Date



Coaches' Code of Ethics

I hereby Pledge to live up to my certification as an NYSCA Coach by following the NYSCA Coaches' Code of Ethics.

- I will place the emotional and physical well-being of my players ahead of a Personal desire to win.
- I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.
- I will do my best to provide a safe playing situation for my players.
- I will promise to review and practice the basic first aid principles needed to treat Injuries of my players.
- I will do my best to organize practices that are fun and challenging for all my players.
- I will lead by example in demonstrating fair play and sportsmanship to all my players.
- I will provide a sports environment for my team that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events.
- I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.
- I will use those coaching techniques appropriate for each of the skills that I teach.
- I will remember that I am a youth sports coach, and that the game is for children and not adults.

Coach's Printed Name

Coach's Signature

Date

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, (NDA 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	
		USAG STUTTGART-Child & Youth Services	
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)
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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)



CYS Programs Coaching Worksheet

Volunteer Information



Name of prospective coach

PHONE:

EMAIL ADDRESS:

PLEASE CHECK WHAT PROGRAMS YOU ARE INTERESTED COACHING THIS SEASON

Basketball

Track &Field

Baseball

Cheer

Soccer

Wrestling

Flag Football

Softball

Volleyball

Tackle Football

Ages you are interested in coaching

3-4

5-6

7-8

9-10

11-12

13-15

Head Coach

Assistant Coach

Base you are interested coaching on

Panzer Kaserne

Patch Barracks

Kelley Barracks

Robinson Barracks

Questions/Notes:

USAG STUTTGART, CYS Sports & Fitness
Volunteer Coach and Sports Official Reference Check

1. Name of prospective coach/official: _____

2. Name of the person completing form: _____

Please answer the following questions based on your experience with the applicant and indicate
by check marking the appropriate column based on your evaluation of the following factors

Outstanding Excellent Adequate Unsatisfactory

3A. DEPENDABILITY:

3B. COOPERATION:

3C. SOUND JUDGEMENT:

3D. CONSIDERATION FOR OTHERS:

4A. Do you have any reason to question this person's ability to work with the USAG Stuttgart,
CYS Youth Sports Program? YES NO

4B. 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 or character?

YES NO

Signature

Date

USAG STUTTGART, CYS Sports & Fitness
Volunteer Coach and Sports Official Reference Check

1. Name of prospective coach/official: _____

2. Name of the person completing form: _____

Please answer the following questions based on your experience with the applicant and indicate
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CYS Youth Sports Program? YES NO

4B. 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 or character?

YES NO

Signature

Date