

PAGES 1-2: Please complete, sign, and date the application forms.

These forms are to be updated ***each season***.

PAGE 3: These forms are required ***annually***.

- **(Pg. 3) Volunteer Agreement “2793”:** Complete the top portion and sign/date blocks 12a/c.
- **Basic Criminal History “2981”:** This form is to be signed at NAF Human Resource Office located in MCCS Headquarters building 5966. (No appointment necessary).

PAGE 4: Sign and Date

- COVID-19 Waiver and Policies

****MCCS Security Office may require a volunteer to resubmit background checks at any time.***

IMPORTANT!

Once your packet is complete, please bring it to our office on Camp Foster (Bldg. #5952). After reviewing your application, we will schedule an appointment to have your fingerprints scanned at the MCCS Human Resources Office, located in the MCCS **Building #5966**. **Fingerprint appointments are only available on Tuesdays and Wednesdays**. Fingerprints are to be processed once every five (5) years. Exceptions, your rotation date has passed or is requested by MCCS Security Office.

- Please ensure all forms are signed and completed to be appropriately processed.
- An applicant may not coach in our program until all forms/fingerprints are processed.
- If needed, returning volunteers must update their paperwork.
- Coaches can earn up to 72 volunteer hours at the end of each sports season. Volunteer hours will begin once all background checks are complete and the paperwork is processed correctly.
- Coaching applications turned in late will receive less than 72 volunteer hours at the end of the season.



MCCS SEMPER FIT YOUTH SPORTS COACHING APPLICATION

Thank you for considering volunteering in our military community



VOLUNTEER INFORMATION

APPLICANT MUST PROVIDE MORE THAN ONE CONTACT NUMBER/EMAIL ADDRESS AS WELL AS A MAILING ADDRESS.

LAST NAME:		FIRST AND MIDDLE NAME:		RANK/TITLE:	
CELL PHONE (local number):		DUTY PHONE:		ALT. PHONE:	
EMAIL:			ALTERNATE EMAIL:		
PSC MAILING ADDRESS (not house address):			BRANCH OF SERVICE:		ROTATION DATE: NEW Y or N

COACHING PREFERENCES

PLEASE NOTE THAT IF THE BELOW REQUESTED PREFERENCES ARE NOT AVAILABLE, YOU MAY BE OFFERED AN ALTERNATE DIVISION OR SCHEDULED AT ANOTHER LOCATION, DAY AND/OR TIME. SFYS WILL NOTIFY YOU BY EMAIL OR PHONE IF YOUR REQUEST IS UNAVAILABLE AND TO VERIFY IF YOU ARE STILL INTERESTED IN COACHING.

SPORT		AGE DIVISION (check all that apply)				POSITION	AREA	PRACTICE DAYS
<input type="checkbox"/> Co-ed Soccer	<input type="checkbox"/> T-Ball (ages 5-6)	<input type="checkbox"/> Ages 5-6	<input type="checkbox"/> Ages 13-14	<input type="checkbox"/> Ages 7-8	<input type="checkbox"/> Ages 15-16	<input type="checkbox"/> Head Coach	<input type="checkbox"/> Courtney / MCT	<input type="checkbox"/> Mon / Wed
<input type="checkbox"/> Boys Basketball	<input type="checkbox"/> Coach Pitch (ages 7-8)	<input type="checkbox"/> Ages 9-10	<input type="checkbox"/> Ages 17-18	<input type="checkbox"/> Ages 11-12	<input type="checkbox"/> Flexible	<input type="checkbox"/> Asst. Coach	<input type="checkbox"/> Foster	<input type="checkbox"/> Tues / Thurs
<input type="checkbox"/> Girls Basketball	<input type="checkbox"/> Boys Baseball (ages 9+)	<input type="checkbox"/> Flexible				<input type="checkbox"/> Flexible	<input type="checkbox"/> Kinser	<input type="checkbox"/> Flexible
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Girls Softball (Ages 9+)						<input type="checkbox"/> Flexible	Times: (PM) 5-6 6-7 7-8

DO YOU HAVE A HEAD OR ASSISTANT COACH YOU WOULD LIKE TO COACH WITH? (PLEASE NOTE THAT EVERY TEAM MUST HAVE AN ASST. COACH. IF YOU DO NOT CURRENTLY HAVE SOMEONE YOU WOULD LIKE TO WORK WITH, WE WILL BE HAPPY TO RECRUIT ONE FOR YOU.)

NO IF YES, PLEASE INSERT NAME OF COACH: _____

Were you referred by the Single Marine Program (SMP) or are you a member of SMP? (Please circle one):
YES NO

DO YOU HAVE A CHILD IN THE AGE DIVISION THAT YOU ARE REQUESTING TO COACH? (ONLY THOSE COACHING AGES 5-8 MAY REQUEST CHILDREN OTHER THAN THEIR OWN. FOR AGES 9+, YOU MAY ONLY REQUEST TO COACH YOUR OWN CHILD, OR IF YOU DO NOT HAVE CHILDREN IN THE DIVISION YOU ARE REQUESTING, YOU MAY REQUEST ONE CHILD.)

NO IF YES, PLEASE INSERT CHILD'S INFORMATION (LAST / FIRST / AGE/): _____

COACHING EXPERIENCE

HAVE YOU COACHED FOR MCCS SEMPER FIT YOUTH SPORTS (SFYS) OKINAWA IN THE PAST?

NO IF YES, PLEASE INSERT THE SEASON(S) YOU HAVE COACHED FOR SFYS (i.e. 2014 Soccer): _____

PLEASE SPECIFY ANY OTHER COACHING EXPERIENCES YOU HAVE HAD IN THE PAST OTHER THAN MCCS SFYS OKINAWA? (PLEASE INCLUDE DIVISION, LOCATION & YEAR(S):

PLEASE READ & UNDERSTAND THE FOLLOWING TERMS

APPLICATIONS WILL NOT BE PROCESS/CONSIDERED IF ALL AREAS ARE NOT COMPLETED.

- A.) In consideration of volunteering for MCCS SFYS, I agree that my likeness may be photographed or videotaped and that such image be published in an outlet to promote or publicize the sports program.
- B.) In consideration of volunteering for MCCS SFYS, I authorize and give consent to SFYS to obtain information regarding myself. This includes, but is not limited to: (1) a Local Records, (2) Family Advocacy, and (3) Counseling and Substance Abuse Center background check. I authorize this information to be obtained either in writing or via telephone or email in connection with my volunteer application. In the event of a positive background record check, additional justification may be required in writing from the organization.
- C.) **PLEASE NOTE THAT SUBMITTING AN APPLICATION DOES NOT GUARANTEE A COACHING POSITION.** Several factors are taken into account when selecting coaches to include but are not limited to: PMO, CSAC and Family Advocacy background check results, coaching experience, questionnaire answers, good standing with any volunteer organization as well as number of vacant positions available. If you are selected as a coach, you will be notified by either phone or email and you will be asked to attend the mandatory Coaches Meeting at that time (Coaches Meetings are for selected coaches only).
- D.) Please be aware that every team must have a registered Assistant Coach. Teams that do not have an Asst. Coach will be assigned one by SFYS if available. **ASST. COACHES MUST BE RECRUITED AND REGISTERED WITH OUR OFFICE WITHIN THREE (3) DAYS OF THE END OF THE REGISTRATION PERIOD.** We will be unable to move any children of Asst. Coaches from one team to another after this date due to the completion of the team building process.
- E.) I have read, understand and signed the Coaches' Code of Ethics and MCCS Touch Policy located on the back of this form.
- F.) By signing below, I agree that all information provided is true to the best of my knowledge and agree to all terms listed on this form.

→ PRINT NAME: _____ SIGNATURE: _____ DATE: _____

YS OFFICIAL USE ONLY (Volunteers: Please do not mark below this line)

SEASON: _____ DIVISION: _____ CAMP: _____ YEAR: _____

SELECTED: Y N POSITION: HEAD COACH ASST. COACH FP CLEARED: _____

COACHES' CODE OF ETHICS

Provided by the National Youth Sports association (NYSCA)

I Hereby Pledge To Live Up To My Certification As A NYSCA Coach By Following the NYSCA Coaches' Code Of Ethics:

- I will place my players' emotional and physical well-being ahead of a personal desire to win.
- I will treat each player as an individual, remembering the extensive 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 basic first aid principles to treat my players' injuries.
- I will do my best to organize practices that are fun and challenging for all my players.
- I will be knowledgeable in each sport's rules that I coach, and I will teach these rules to my players.
- I will use those coaching techniques appropriate for the skills that I teach.
- I will remember that I am a youth sports coach and that the game is for children.
- I will read the NYSCA National Standards for Youth Sports and do everything in my power to assist all youth sports organizations in implementing and enforcing them.
- If an issue develops on the field or court between coaches, referees, players, and parents, present it to the MCCS Youth Sports representative calmly and professionally. If you prefer, you may prepare a clear and factual written statement to facilitate resolution and or initiate an investigation. If written, you must submit it to Youth Sports within two working days. If we cannot find a solution, Youth Sports will contact military commands, inspectors, or other outside agencies will be notified.

TOUCH POLICY

Effective 30 January 2003 BY MCCS

Physical touching is an essential part of the care and nurturing of children. Children feel loved, accepted, and supported through the sensations of touch by nurturing adults and peers. However, physical contact should be respectful of the children's body cues and only occur with their permission. Employees, contractors, and volunteers must be sensitive to children's responses and requests for physical interaction, model appropriate nurturing touches. Except for safety, a child will always have the right to refuse contact. Please read the following:

Affectionate nurturing touch is vital for each youth's emotional health.

Affectionate nurturing touch includes shaking hands, a pat on the back, and/or a reassuring touch on the shoulder. Youth always have the right to refuse these touches.

Touches for restraint are only used to protect children and staff's physical safety or provide the least restrictive guidance necessary in a given situation. Through modeling and verbal guidance, children are taught to use words rather than physical interaction to settle their differences with others. Touches of restraint should be done as a last resort to prevent a child from injuring him/herself or others. Also, they should not be done in a humiliating or harmful way.

Inappropriate touch has a negative effect on the child. Usually, it involves the exploitation of the child or the satisfying of an adult need at the child's expense. An attempt to change a child's behavior with adult physical force encourages the child to respond in kind.

Examples of inappropriate touch include slapping, tickling, shaking, hitting, kissing, spanking, pinching, picking a child up by his/her arm, fondling, or molestation.

➔ SIGNATURE: _____ DATE: _____

For more information, contact the Youth Sports Office at 645-3533/34 or come visit us at our Foster Office, Bldg. 5966.

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. 31 11, 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-cfsc1>); (2) NM01754-2, DON Family Support Program Volunteers (at <http://dpcl.d.defense.gov/Privacy/SORNSIndex/DoD-wide-SORN-Article-View/Article/570427/nm01754-20>); and (3) F036 AFDFC, 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 1 - 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) <input type="checkbox"/> AGE 18 OR OVER <input type="checkbox"/> UNDER AGE 18
4. TELEPHONE NUMBER (Include Area code)		5. E-MAIL ADDRESS

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

6. INSTALLATION/COMPONENT ACTIVITY Marine Corps Base Camp Butler	7. ORGANIZATION/UNIT WHERE SERVICE OCCURS MCCS Semper Fit	8. PROGRAM WHERE SERVICE OCCURS Youth Sports	9. ANTICIPATED DAYS OF WEEK 3 Days	10. ANTICIPATED HOURS Up to 72
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11. DESCRIPTION OF VOLUNTEER SERVICES

Youth Sports Volunteer Coach: Skill development, fair play, teamwork, cooperation, sportsmanship, responsibility, and fun.

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)	

COVID-19

Coach Acknowledgement Waiver for Covid-19

By volunteering for this event, I understand and expressly acknowledge that an inherent risk of exposure to COVID-19 exists in any public place where people are present.

In attending the event, you and any guest voluntarily assume all risks related to exposure to COVID-19 and waive, release, and discharge MCCS or any of their affiliates, directors, officers, employees, agents, contractors, or volunteers from any and all liability under any theory, whether in negligence or otherwise, for any illness or injury.

INITIAL: I agree to the following Covid-19 Policies at Practices and games All rules are subject to change at anytime

_____ I understand MCCS guidelines are in accordance with III MEF, MCIPAC, USNHO, AND INSTALLATION COMMANDERS. MCCS policy may differ from any current HPCON guidelines.

_____ I will wear a mask when in close contact during practices. I am required to wear my mask at games (except while actively eating or drinking).

_____ I will ensure my players are wearing their masks at all times while in the dugout, bench, and surrounding areas while under my supervision.

_____ I understand that I will be asked to leave the field and surrounding areas by not wearing a mask.

_____ I will maintain social distancing (6ft.) from non-family members during practices and games.

_____ I understand Youth Sports is scheduling additional time between games to limit contact.

_____ I Understand my team must wait until all previous game teams are clear before entering the area.

By signing below, I acknowledge and agree to follow the above policies

Signature: _____

Date: _____