

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

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

PAGES 3-6: These forms are required **annually**.

- **(Pg. 3) Volunteer Agreement "2793":** Complete the top portion and sign/date blocks 12a/c.
- **(Pgs. 6-7) Basic Criminal History "2981:** Complete and sign/date blocks 7a/10a (**pages 5 & 6**)

PAGES 7-8: DD 3058 -These forms are only required every **5 years**.

▪ **(Pg. 6-7) Installation Records Check (IRC): Complete sections 1-8c. (PMO background check form)**

- Family Advocacy Form and Vehicle Registration / PMO Form:
 - ✓ Section 9 – Family Advocacy Center Camp Foster (**bldg. #439**).
 - ✓ Section 10 – Vehicle Registration (building #5638 ***ONLY ON CAMP FOSTER***
 - ✓ Section 10 – PMO (see building #'s below) ***OUTER CAMPS***

PAGE 9: Sign and Date

- COVID-19 Waiver and Policies

PMO Records Check	Building #
Camp Courtney	4301
Camp Kinser	520
MCAS Futenma	405
Camp Hansen	2494
Camp Schwab	3402

***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 volunteer in our program until all forms/fingerprints are processed.
- If needed, returning volunteers must update their paperwork.
- Bench Parent 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.



MCCS SEMPER FIT YOUTH SPORTS BENCH PARENT 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:
Head Coach's Name:	Child's Name:			Age Division:

PLEASE READ THE FOLLOWING TERMS

APPLICATIONS WILL NOT BE PROCESSED IF ALL AREAS ARE NOT COMPLETED.

- A) In consideration of volunteering for MCCS SFYS, I agree that I may be photographed or videotaped and that such images 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 and (2) Family Advocacy 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, we may require additional justification in writing from the organization.
- C) Several factors are taken into account when selecting volunteers to include but are not limited to: PMO and Family Advocacy background check results, good standing with any volunteer organization as well as the number of vacant positions available.
- D) I have read, understand, and signed the MCCS Touch Policy located on the back of this form.
- E) 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: _____ ROTATION DATE: _____

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

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: _____

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-cfsc>); (2) NM01754-2, DON Family Support Program Volunteers (at <http://dpcl.d.defense.gov/Privacy/SORNSIndex/DoD-wide-SORN-Article-View/Article/570427/nm01754-20>; and (3) F036 AFDP, 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 Paratus	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)	

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, (NDAA for FY2018) Background and Security Investigations for Department of Defense Personnel (10 U.S.C. 1564 note); 5 U.S.C. 9101, Access to Criminal History Records for National Security and Other Purposes; Executive Order 10450 Security Requirements for Government Employees; DoD Instruction 1402.05, Background Checks on Individuals in DoD Child Care Services Programs; DoD Manual 1402.05, Background Checks on Individuals in Department of Defense Child Development and Youth Programs.

PRINCIPAL PURPOSE(S): To collect criminal history information of DoD personnel or contractors seeking to work with children in DoD child care services programs. Information received may be used to assess preliminary interim, on-going, or final suitability/fitness of DoD personnel or contractors working with children in these programs.

ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, these records may specifically be disclosed outside of DoD pursuant to 552a(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.d.defense.gov/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)	5. DATE OF HIRE (YYYYMMDD)
4. INSTALLATION/PROGRAM NAME	

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)

INSTRUCTIONS

This Department of Defense Form is to be completed by prospective or current employees, volunteers, DoD contractors or employees of DoD contractors, Family Child Care (FCC) providers, and adults residing in the FCC home upon application for any position within a Department of Defense Child Care Services Programs. The form will be utilized for initial certification that said individual has not been apprehended, arrested, charged, or convicted by Federal, State, or other Local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), Military law, State law, County law, or Municipal law, Regulation or Ordinance, nor have they been apprehended, arrested, charged or held by Federal, State or Local Authorities for any crime or offense involving any of the following: Crime involving a child, sex crime, drug or alcohol offense, domestic violence, violent crime/assaultive behavior, or other. FCC providers will also report the same offenses for members in their household. Individuals who work and volunteer in DoD Child Development and Youth Programs must update this form on an annual basis.

Completion of this form is voluntary; however, failure to provide requested information may result in an unfavorable adjudication or determination regarding suitability or fitness to work with children in support of DoD child care services programs

1. Provide your last, first, and middle name. Do not use initials or abridgements.
2. Provide any other names used to include maiden name.
3. Provide your date of birth in YYYYMMDD format.
4. Provide the installation and DoD program where you seek employment or to volunteer; if operating or residing in a FCC home, provide the address of the FCC home.
5. Provide the date of hire. *To be completed by HR or Security Manager.*
6. Place an X in the appropriate box based on whether 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. Be sure to disclose any covered charges or incidents, even if they were expunged, and/or even if you would not otherwise need to disclose them on an employment application or forms, as they may be identified in the background check process. You must also disclose all covered incidents, even if you did so on a previous consent and self-disclosure form and/or even if the incident was previously adjudicated.

If you answered "Yes," explain your answer in the space provided. If additional space is needed, use block 9.

Use column 6.g for subsequent self-reports (as applicable).

7. Sign and Date.
8. On an annual basis, for the most recent year only, select the appropriate answer (yes or no) or write in the appropriate response indicating if you have 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.
9. If needed, use this space for additional comments to explain blocks 6 and/or 8.
10. Sign and date.

DEPARTMENT OF DEFENSE CONSENT TO CONDUCT INSTALLATION RECORDS CHECK (IRC)		OMB No. 0704-0586 OMB Approval Expires: 20200930	
<p>The public reporting burden for this collection of information, OMB Control Number 0704-0586, is estimated to average 10 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. 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.</p>			
PRIVACY ACT STATEMENT			
<p>AUTHORITY: 34 U.S.C. 20351 (Crime Control Act of 1990); DoDI 1402.05, Background Checks on Individuals in DoD Child Care Services Programs; and E.O. 9397 (SSN), as amended.</p> <p>PRINCIPAL PURPOSE(S): To require all individuals who provide child care services, as defined by Section 20351 of 34 U.S.C. (Crime Control Act of 1990), to undergo an Installation Records Check (IRC).</p> <p>ROUTINE USES: The Routine Uses are listed in the applicable system of records notices found at:</p> <p>Army: A0215-3 SAMR, NAF Personnel Records (https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570010/a0215-3-samr/) and A0690-200 DAPE, Department of the Army Civilian Personnel Systems (https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570099/a0690-200-dape/)</p> <p>Navy and Marine Corps: NM 01754-3, DON Child and Youth Program, (https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570428/nm01754-3/)</p> <p>Air Force: F034 AF SVA C, Child Development/Youth Programs Records (https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/569755/f034-af-sva-c/)</p> <p>Defense Logistics Agency: S400.20, Day Care Facility Registrant, Applicant and Enrollee Records, (https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570257/s40020/) and</p> <p>National Security Agency: GNSA 19, NSA/CSS Child Development Services, (https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570520/gnsa-19/)</p> <p>This release will be initiated by office or installation staff responsible for the oversight of individuals who provide child care services to children under the age of 18. Once completed, the form will be maintained by the Human Resource (HR) or Security Offices.</p> <p>DISCLOSURE: Voluntary; however, failure to provide all the requested information could preclude employment or continued service in a child care services program position, and may form the basis for withdrawal of a tentative (conditional) job offer, removal from a position and/or the federal service or prohibition from working with or around children.</p>			
SECTION I. SUBJECT'S INFORMATION			
1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements)		2. OTHER NAME(S) USED (e.g., maiden name, nickname, birth name)	
3. PLACE OF BIRTH (City, State, Country)		4. DATE OF BIRTH (MM/DD/YYYY)	5. SOCIAL SECURITY NUMBER
6. CURRENT ADDRESS (Street, City, State, Zip Code)			
SECTION II. AUTHORIZATION AND RELEASE CERTIFICATION (To be signed by Subject or Parent/Legal Guardian)			
<p>I hereby authorize the DoD to conduct an IRC, which includes the release of information pertaining to me within military law enforcement records, the Defense Central Index of Investigations (DCII) and information pertaining to Family Advocacy Program (FAP) records (child and/or domestic abuse) maintained in the FAP Central Registry. I also authorize the other Services within DoD to release the same information listed above from their systems of record for the purposes of completing the IRC. I understand that this consent does not expire and may be utilized to conduct periodic re-verification checks. I also understand that except to the extent such action has been taken, I can revoke my consent at any time but this may preclude my continued service in a Child Care Services position. I understand that pursuant to the Privacy Act, the information collected will be confidential and disclosure limited to purposes authorized under the Privacy Act. I understand that I may request a copy of such records as may be available to me under the law, and that I have a right to challenge the accuracy and completeness of any information contained in the results of the background checks. I release any individual, including records custodians, any component of the United States Government, or the individual 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, assignees, associates, and personal representatives of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.</p>			
7a. PRINT NAME (Subject or Parent/Legal Guardian)		7b. DATE (MM/DD/YYYY)	7c. SIGNATURE (Subject or Parent/Legal Guardian)
7d. EMAIL ADDRESS		7e. PHONE NUMBER	
SECTION III. POSITION AND BACKGROUND CHECK INFORMATION			
8a. COMMAND / INSTALLATION / ORGANIZATION		8b. POSITION HIRE / START DATE (estimated) (MM/DD/YYYY)	
8c. POSITION CATEGORY			
<input type="checkbox"/> Civilian Employee (APF)	<input type="checkbox"/> Civilian Employee (NAF)	<input type="checkbox"/> Contractor	<input type="checkbox"/> In-Home Care Providers (Respite Care, Foster Care, Family Child Care)
<input type="checkbox"/> Military Personnel	<input type="checkbox"/> Volunteer	<input type="checkbox"/> In-Home Care Family Members	<input type="checkbox"/> Teen Employee
<input type="checkbox"/> Junior Reserve Officer (JROTC) Instructor	<input type="checkbox"/> Other		

SECTION IV. INSTALLATION RECORDS CHECK*(To be completed based on service specific procedures)***9. FAMILY ADVOCACY PROGRAM**Type of Check: Initial: ☐ Annual: ☐ 5 Year Check: ☐

Date initiated: _____ Date Completed: _____

☐ No record of applicant ☐ Record on fileMet criteria incident found: ☐ Yes ☐ No

Remarks: _____

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

9a. Printed Name of Certifying Official: _____

9b. Signature: _____ Date: _____

10. INSTALLATION LAW ENFORCEMENTType of Check: Initial: ☐ Annual: ☐ 5 Year Check: ☐

Date initiated: _____ Date Completed: _____

No record of applicant: ☐ Record on file: ☐Any derogatory information found: ☐ Yes ☐ No

Remarks: _____

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

10a. Printed Name and Title: _____

10b. Signature: _____ Date: _____

11. DEFENSE CENTRAL INDEX OF INVESTIGATIONS (DCII) (Optional check)Type of Check: Initial: ☐ Annual: ☐ 5 Year Check: ☐

Date initiated: _____ Date Completed: _____

No record of applicant: ☐ Record on file: ☐Any derogatory information found: ☐ Yes ☐ No

Remarks: _____

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

11a. Printed Name and Title: _____

11b. Signature: _____ Date: _____

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: _____