Instructions on How to Complete and Route the MCCS SFYS Coaching Application

PAGES 1-2: Please complete, sign, and date the application forms. These forms are to be updated ***each season***.

PAGE 3: This form is only required ***one time***.

PAGES 4 & 5: This form is required ***annually***.

- *(**Pg. 4**) Volunteer Agreement "2793":* Complete the top portion and sign/date blocks 12a/c.
- *(**Pgs. 5**) COVID-19 Waiver and Policies*

PAGES 6+: Pages 6-8 are required ***annually*** while pages 9-10 are required ***every 5 years***. (DoDI 1402.05).

- ***(Pg. 6-8)*** *DD 2981 - Basic Criminal History Admission:* Complete blocks 1-7b, 9 (as applicable), 10a & 10b.
  IMPORTANT NOTE: Please read the reporting instructions in block #6 very carefully as the reporting requirements are more stringent than the reporting requirements for non-childcare federal affiliations.

- *(**Pg. 9-10**) DD 3058 - nstallation Records Check (IRC):* Complete sections 1-7e and take the form to the below agencies for completion:
  - **Section 9 –** Family Advocacy | Camp Foster, Bldg #439
    - Hours of Operation: M-F 0730-1630
  - **Section 10 –** PMO | See building information chart below
    - Typical Hours of Operation: M-F 0730-1630 (lunch 1130-1300)
  - **Section 11** is not required at this time.

PMO Records Check	Building #
Camp Foster	496
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 a digital fingerprint appointment with MCCS Personnel Security located at **Bldg #5966, Deck 2, HRO.**

Important notes for this appointment:

- This is a required appointment for all individuals regardless of their security clearance. Please let us know if you have had your fingerprints taken within the past **120 days** so that we may verify with security if an appointment is still needed.
- Fingerprint appointments are only available on **Tuesdays and Wednesdays.**
- If your paperwork is not current, complete, and provided to security at your appointment you must reschedule with YS.
- Childcare must be established for this appointment. Children may not be left unattended in the lobby and are not permitted in the security office. Please reference the **III MEF/MCIPAC-MCBB Child Supervision Requirements** for further guidance as needed.

An applicant may not coach in our program until all forms are received and digital fingerprints are taken. Some applicants may not coach until their records have been favorably adjudicated by security.

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.

Security will retain your paperwork until your reported rotation date (RTD) or until you are no longer actively coaching, whichever occurs first. Failure to update your RTD regularly may lead to security destroying your file.

Staff Initials:

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
☐ Co-ed Soccer	☐ T-Ball (ages 5-6)	☐ Ages 5-6	☐ Ages 13-14	☐ Head Coach	☐ Courtney / McT	☐ Mon / Wed
☐ Boys Basketball	☐ Coach Pitch (ages 7-8)	☐ Ages 7-8	☐ Ages 15-16	☐ Asst. Coach	☐ Foster	☐ Tues / Thurs
☐ Girls Basketball	☐ Boys Baseball (ages 9+)	☐ Ages 9-10	☐ Ages 17-18	☐ Flexible	☐ Kinser	☐ Flexible
☐ Cheerleading	☐ Girls Softball (Ages 9+)	☐ Ages 11-12	☐ Flexible		☐ 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 REQEUSTING 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

PLEASE INSERT THE SEASON(S) YOU HAVE COACHED FOR SFYS (i.e. 2014 Soccer): _____

PLEASE READ & UNDERSTAND THE FOLLOWING TERMS

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

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 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, 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 (S) 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 for the designated sport and season.

SOCCER: PRINT NAME: _____ SIGNATURE: _____ DATE: _____

BASEBALL/SOFTBALL: PRINT NAME: _____ SIGNATURE: _____ DATE: _____

BASKETBALL/CHEER: PRINT NAME: _____ SIGNATURE: _____ DATE: _____

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

SEASON:	CPR:	CAMP:	YEAR:	ROTATION DATE:
SELECTED:	POSITION:	FP CLEARED:	2981 SIGN DATE	

Coaching FAQs

Q: How do I apply?
A: Fully complete a Coaching Application packet (to include all background checks) and submit it to the Youth Sports Office (Foster Bldg. #5952). You will need to also visit the MCCS HR Office after visiting our office to complete the fingerprint process.

All applicants must be at least 18 years of age to be a Head Coach and 16 years of age to be an Assistant Coach. Applicants must register through our program and complete and pass all background checks. Without a fully completed Coaching Application, all volunteers will not receive volunteer credit and cannot coach any Youth Sports Teams.

Q: Can I choose my own Assistant Coach?
A: Yes, as long as the Assistant Coach completes a full Coaching Application Packet (with fingerprints) and submits it to our program before their volunteer service.

Interested Assistants should note their Head Coach's name on the application.

If the volunteer is not selected (due to positive records checks or other issues), we will notify that individual.

Q: Who attends Coaches Meetings?
A: Coaches meetings are mandatory for all selected head coaches. Those selected as a head coach will be notified by email regarding the dates and times of the meeting.

Assistant Coaches are encouraged to attend, especially if this is their first time in our program. If the Head Coach cannot attend the meeting, we ask that at least one representative from that team attend in their place.

Q: I want to be a Head Coach, but I have to leave during the season. What happens then?
A: If you are unavailable during the season, we ask that you try and recruit an Assistant Coach or ask for help from within the team. Often, parents are happy to step in to assist in covering for occasional games/practices. We recommend talking to parents as early as possible to arrange a replacement.

Before leaving (PCS, TAD, deployment, vacation, etc.), contact our office to let us know and provide us with the replacement's name and contact information. Also, be sure to pass along all gear to your replacement. Upon leaving, we would also like to provide you your LOA for the season.

If you do not have a replacement lined up, please contact us as soon as possible so we can assist you in recruiting one.

Q: When/Where are practices and games?
A: Practices are held twice a week (either M/W or T/TH) on the camp you request. Camps include Kinser, Foster, and Courtney. When there is limited practice space, we may place some teams at MCAS Futenma or Camp McT. Games are generally held on Kinser, Foster, and Courtney.

Q: How can I increase my chances of being selected as a coach?
A: Flexibility plays a significant factor in the selection of coaches. Unfortunately, practice space and teams are limited at times. Generally, we select our coaches based on experience. Returning Coaches are at the top of the list. Typically our older divisions are filled quickly. We highly suggest volunteers mark as many age divisions on their application and "flexible" on practice schedules if possible. The more flexible a volunteer is, the better chance we can find a suitable placement for them.

For more information, contact the Youth Sports Office at 645-3533/34 or email us at youthsports@okinawa.usmc-mccs.org

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 Sorts 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 QUESTIONNAIRE (This form is only required one time)

(Please complete to the best of your ability):

1. Why do you want to coach for us?

_____
_____
_____
_____

2. What is your coaching philosophy?

_____
_____
_____
_____

3. How would you handle discipline issues with your team?

_____
_____
_____
_____

4. How do you/would you handle problem parents?

_____
_____
_____
_____

5. How do you/would you assist a player that is struggling?

_____
_____
_____
_____

6. Tell us your technique on how to motivate players?

_____
_____
_____
_____

7. Have you ever gotten an unsportsmanlike penalty or been reprimanded by a referee/league? (If yes, please explain)

_____
_____
_____
_____

8. If an issue comes up with what appears to be a poor/biased referee, how would you approach the situation?

_____
_____
_____
_____

(Please use space below if additional space is required.)

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://dpcld.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570084/a0608b-cfscl); (2) NM01754-2, DON Family Support Program Volunteers (at http://dpcld.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-ViewlArticle/570427/nm01754-20; and (3) F036 AFDPC, Family Services Volunteer and Request Record (at http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Articte-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 PARENTIGUARDIAN (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 - VOLUNTEER ASSIGNMENT (to be completed by Accepting Official)

6. INSTALLATION/COMPONENT ACTIVITY	7. ORGANIZATION/UN'T WHERE SERVICE OCCURS	8. PROGRAM WHERE SERVICE OCCURS	9. ANTICIPATED DAYS OF WEEK	10. ANTICIPATED HOURS
Marine Corps Base Camp Butler	**MCCS Semper Fit**	**Youth Sports**	**3 Days**	**Up to 72**

11. DESCRIPTION OF VOLUNTEER SERVICES

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

PART Ill - 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 PARENTIGUARDIAN (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 underage 18)	17.a. NAME OF SUPERVISOR (Last, First, Middle Initial)	b. SUPERVISOR'S SIGNATURE	c. DATE SIGNED (YYYYMMDD)

- **THE FOLLOWING PAGES ARE FOR YOUR EYES ONLY!**

- ***DO NOT*** *INDLUDE THEM WHEN SUBMITTING APPLICATION.*

- *PLEASE KEEP YOUR COMPLETED COPY AND* ***BRING TO YOUR FINGERPRINT APPOINTMENT WITH YOU****!*

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

OMB No. 0704-0516
OMB approval expires: 20241031

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. 522a(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://dpcld.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)*	4. INSTALLATION/PROGRAM NAME	5. DATE OF HIRE *(YYYYMMDD)*
	MCCS OKINAWA	TO BE DETERMINED

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: ☐ Yes ☐ No DRUG OR ALCOHOL: ☐ Yes ☐ No VIOLENT CRIME/ ASSAULTIVE BEHAVIOR: ☐ Yes ☐ No

SEX CRIME: ☐ Yes ☐ No DOMESTIC VIOLENCE: ☐ Yes ☐ No OTHER: ☐ Yes ☐ 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)*

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.

Prescribed by: DoDI 1402.05

DEPARTMENT OF DEFENSE CONSENT TO CONDUCT INSTALLATION RECORDS CHECK (IRC)

OMB No. 0704-0586
OMB Approval Expires: 20200930

PRIVACY ACT STATEMENT

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.
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).
ROUTINE USES: The Routine Uses are listed in the applicable system of records notices found at:
Army: A0215-3 SAMR, NAF Personnel Records (**https://dpcld.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://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570099/a0690-200-dape/)
Navy and Marine Corps: NM 01754-3, DON Child and Youth Program, (https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570428/nm01754-3/)
Air Force: F034 AF SVA C, Child Development/Youth Programs Records (**https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569755/f034-af-sva-c/**)
Defense Logistics Agency: S400.20, Day Care Facility Registrant, Applicant and Enrollee Records, (**https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570257/s40020/**) and
National Security Agency: GNSA 19, NSA/CSS Child Development Services, (**https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570520/gnsa-19/**)
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.
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.

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)*

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.

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)*
MCCS OKINAWA	TO BE DETERMINED

8c. POSITION CATEGORY

☐ Civilian Employee (APF)	☐ Civilian Employee (NAF)	☐ Contractor	☐ In-Home Care Providers (Respite Care, Foster Care, Family Child Care)
☐ Military Personnel	■ Volunteer	☐ In-Home Care Family Members	☐ Teen Employee
☐ Junior Reserve Officer (JROTC) Instructor	☐ 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 file

Met 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 ENFORCEMENT

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.

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: _____