

Ramstein & Vogelweh Youth Sports

Coaches Packet

Updated January 4, 2021



COACH PACKET: Read and sign the attached documents in coach packet with **WET** signatures. Bring completed Coaches packet to the Ramstein Youth Sports offices.

IRC/BACKGROUND CHECKS AND FINGERPRINTS: Fingerprints **MUST** be complete with the NAF Human Resources Office. Once your packet has been turned into the Youth Sports Office on Ramstein you will then be able to schedule an appointment with NAF HR to complete fingerprints.

Volunteer coaches must submit volunteer packets on time and your background must come back **Cleared** to be able to coach.

Must attend **MANDATORY** Coaches Meeting & Training provided by Youth Sports.

Point of Contact Information

Ramstein Youth Sports, Bldg.
428

DSN: 480 -5660 CIV: 06371-47-5660
DSN: 478-1047 CIV:06371-536-7806

Ramstein Human Resources Office,
Bldg. 2118

DSN: 480 -2672 CIV: 06371-47-2672

**RAMSTEIN & VOGELWEH YOUTH SPORTS
COACHES & OFFICIALS APPLICATION FORM**

THIS APPLICATION IS FOR (PLEASE CHECK ONE)

HEAD COACH

ASSISTANT COACH

DEROS: _____

Name: _ _ _ _ _

Sport: _ _ _ _ _ Years Experience: _____

Shirt Size: _____

APO Address: _ _ _ _ _

Cell Phone: _____

Email address: Personal & Work: _____

Organization /Office Symbol: _ _ _ _ _

Desired Coaching Location (Circle one): RAMSTEIN VOGELWEH

Desired Practice Days (2 days a week M/W or Tue/Thur): _____

Will you be coaching your child's team? _____

Child's Name: _____

Child's Age: _____

5-6years 7-8years 9-10 years 11-12 years 13-15 years

I UNDERSTAND AS A YOUTH SPORTS COACH I WILL BE REQUIRED TO
ATTEND A NATIONAL CERTIFICATIONCLINIC (NAYS) AND
INSTALLATION RECORDS CHECK WILL BE COMPLETED BY YOUTH
SPORTS PROGRAMS TO ENSURE SUITABILTY FOR YOUTH COACHING.

Signature: _ _ _ _ _

Date: _ _ _ _ _

FOR OFFICIAL USE ONLY

VOLUNTEER AGREEMENT FOR

D APPROPRIATED FUND ACTIVITIES

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NONAPPROPRIATED FUND INSTRUMENTALITIES

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C.1588, Authority to accept certain voluntary services; 5 U.S.C. 3111, Acceptance of volunteer service; and DoDI 1100.21, Voluntary Services in the Department of Defense.
PRINCIPAL PURPOSES(S): To acknowledge and document Volunteer Agreement for Appropriated Fund Activities or Nonappropriated Fund Instrumentalities before a statutory individual is allowed to provide volunteer services.
ROUTINE USES: There are no specific routine uses anticipated for this information; however, it may be subject to a number of proper and necessary routine uses that are identified in each of the following systems of records notices: (1) A0608b DFSC, Personal Affairs: Army Community Service Assistance Files (at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570084/a0608b-cfsc/>); (2) NM01754-2, DON Family Support Program Volunteers (at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570427/nm01754-2/>) and (3) F036 AFDPC, Family Services Volunteer and Request Record (at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/5698136-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 /initiaQ	2. NAME OF PARENT/GUARDIAN (if volunteer is under age 18) (Last, First Middle InitiaQ	3. VOLUNTEER IS (Select one) <input checked="" type="radio"/> AGE 18 OR OVER <input type="radio"/> UNDER AGE 18
4. TELEPHONE NUMBER (Include Area Code)		5. E-MAIL ADDRESS

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

6. INSTALLATION/COMPONENT ACTIVITY Ramstein AB	7. ORGANIZATION/UNIT WHERE SERVICE OCCURS 86 FSS	8. PROGRAM WHERE SERVICE OCCURS Youth Sports	9. ANTICIPATED DAYS OF WEEK 3	10. ANTICIPATED HOURS 6
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11. **DESCRIPTION OF VOLUNTEER SERVICES:**
 Youth Sports coach who can practice 2 times a week with games on Saturday. To help teach the fundamentals of the sport of choice.

PART 111- 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 InitiaQ	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 InitiaQ	b. SUPERVISOR'S SIGNATURE	c. DATE SIGNED (YYYYMMDD)	

86 FSS Ramstein & Vogelweh Youth Sports Volunteer Job Description

A. **JOB TITLE:** Youth Sports Coach

B. **STAFF COORDINATOR:** Sports Director

C. **VOLUNTEER JOB SUMMARY:** The youth sports coach will teach the skills and fundamentals of a sport, develop team play, teach character counts, and encourage all players to enjoy and participate in athletic endeavors.

D. RESPONSIBILITIES:

1. Teach the proper skills needed to participate in the sport.
2. Teach the fundamentals of rules, strategies and procedures.
3. Work with each athlete on the team from the most highly skilled to the least skilled. All players are given equal attention.
4. Teach six points of charter counts: trustworthiness, respect, responsibility, fairness, caring, and citizenship.
5. Officiate during appointed games.
6. Be present at all practices and games at least 15 minutes before the scheduled starting time. If a coach cannot be present, he/she must appoint an adult to take his/her place. The coach must also inform the Youth Sports Director.
7. Keep players and parents informed of all practice and/or game times and any changes in the schedule.
8. Ensure that equipment and facilities meet safety standards and are appropriate to the size, age, and ability of the players.
9. Keep winning in perspectives. Never ridicule or yell at children for making mistakes or losing a game.
10. Become thoroughly familiar with the rules and fundamentals of the sport.
11. Be responsible in demands placed upon young athletes' time, energy and enthusiasm.
12. Function only within limits of your volunteer status. You may not remove players from the team; exchange players between teams; make exceptions to age requirements; allow unregistered players to participate; promise parents that their child will play on your team; or schedule competitions with off-base teams without approval of the Youth Sports Director.

Print Name _____

Applicant's signature: _____

Date: _____

Volunteer Vaccination Record

Please provide your Vaccination Administration Record with your volunteer packet.

The following vaccines must have been administered:

Flu Influenza - must have previous flu season's vaccine

Td or TDAP tetanus diphtheria, pertussis

Pneumococcal

Meningococcal

MMR measles

HPV - Human papilloma virus

Hepatitis A

Hepatitis B

Hib Haemophilus influenza Type b

Reference Check

Please provide three references Youth Sports staff may contact to determine volunteer suitability and who can speak to your character. Preferably, someone in the local area (KMC/Germany) to make the process more efficient. Relatives may **NOT** be a reference.

Reference #1

Name: _ _ _ _ _

Phone: _ _ _ _ _

Email: _ _ _ _ _

Reference # 2

Name: _ _ _ _ _

Phone: _ _ _ _ _

Email: _ _ _ _ _

Reference # 3

Name: _ _ _ _ _

Phone: _ _ _ _ _

Email: _ _ _ _ _

Date: _____

SUBJECT: Volunteer/Coach First Aid and CPR Training requirement.

I, _____ have completed the online CPR, First Aid, and Blood Borne Pathogens training at:

http://www.ecprcertification.com/?m_sckld=fc74fc48a32316f347fda6201fbef31a

I acknowledge that this training does NOT CERTIFY me in CPR and First Aid, however, it does fulfill the Requirements of having all volunteer coaches TRAINED in CPR and First Aid.

Volunteer's Full Name

Volunteer's Signature

****PLEASE PROVIDE A SCREEN SHOT OF THE COMPLETED TRAINING****

How to Complete Installation Records Check {IRC}

1. Basic Criminal History & Statement of Admission DD Form 2981:
Fill out & check Block 1, 2, 3
Block 4. Ramstein AB Youth Programs
Block 5. Put the first day of the sports season,
Block 6. **Thoroughly read instructions for Block 6.**
Block 7. Sign sections a. & date section b.
Block 9. Use this space to enter additional comments in reference to section 6.
Sign section 10 a. & date section b. at the bottom of the page.
2. Installation Records Check: Fill in your information in section 1. We will need your name, SSN, Place of Birth (CITY & STATE), Date of Birth, Sponsor's name, SSN, and Branch of Service. If you are the sponsor, put "SELF" and leave the SSN blank, but DO fill in Branch of Service.
3. Attachment 25: This is acknowledging consent for releasing information. It allows us to route your IRCs to the agencies required to check your background in order to work with children. Without your consent, we will be unable to complete the required background checks and unable to clear you to coach.
4. You will then make an appointment for Fingerprints and to turn in your completed forms with the NAF Human Resources Office in Building 2118 or walk-in hours Monday ONLY 0900-1100 and 1300-1500. The rest of the week is by appointment ONLY.

CONTACT INFORMATION FOR NAF HUMAN RESOURCES OFFICE:

DSN: 480-2672

COMMERCIAL: 06371472672

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

OMB No. 0704-0516
 OMB approval expires:
 September 30, 2021

The public reporting burden for this collection of information, **OMB Control Number 0704-0516**, 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 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.

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 10450 and/or 34 U.S. Code § 20351; DoD Instruction 1402.05, Criminal History Background Checks on Individuals in 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 require individuals who come into regular, reoccurring contact with children under the age of 18 years to self-report any arrests, charges or convictions that would keep the individual from obtaining or maintaining a favorable suitability or fitness determination. Programs impacted are referenced within the 34 U.S. Code § 20351 and include impacted individuals such as employees, DoD contractors, family child care providers, adults residing in a family child care home, volunteers, and others with regular reoccurring contact with children. Individuals who work or volunteer in DoD Child Development and Youth Programs must annually self-report changes to his or her status utilizing this form. All individuals required to complete this form must immediately self-report to their employer/supervisor if they are arrested, charged, convicted, or met criteria for any offense listed on the form. When completed, records are covered by one of the appropriate SORNs:

Army: <http://dpclid.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570012/a0215-fmwr-c.aspx>

Navy: <http://dpclid.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570428/nm01754-3.aspx>

Air Force: <http://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569755/f034-af-sva-c/>

ROUTINE USES: This form will be initiated by DoD staff and will be maintained in the initiating DoD offices and/or appropriate Human Resources or Security Offices. Information received as a result of this release may be used to assess interim/on-going or final suitability or fitness for DoD personnel working with children. ONLY DoD Child Development and Youth programs are required to update and sign annually. A copy of the form is maintained in the staff member's personnel file. The DoD "Blanket Routine Uses" found at <http://dpclid.defense.gov/Privacy/SORNsIndex/Blanket-Routine-Uses/> may apply to these records.

DISCLOSURE: Voluntary; however, failure to furnish all requested information may result in an unfavorable adjudication decision and may affect suitability/fitness.

1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements.)	2. OTHER NAME(S) USED
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3. DATE OF BIRTH (MM/DD/YYYY)	4. INSTALLATION/PROGRAM NAME	5. DATE OF HIRE
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6. Have you been arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law, Military law, State law, County or Municipal law, or met the Family Advocacy criteria for child maltreatment? (Do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.) (X one) Mark Yes or No for each category. If you answered "Yes," explain your answer in the space provided below or on the back of the form in block 9.

CHILD ABUSE/NEGLIGENCE: <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	

(1) MONTH/YEAR	(2) OFFENSE	(3) ACTION TAKEN	(4) COURT (City & Country if outside the United States)	(5) STATE	(6) ZIP CODE

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 arrested, charged, convicted, or met criteria for any offense referenced in block 6.

a. SIGNATURE	b. DATE (YYYYMMDD)
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8. ANNUAL CERTIFICATIONS (Required by Child Development and Youth Program Staff and Volunteers)
 In the past year, have you been arrested, apprehended, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law, Military law, State law, County or Municipal law or met the Family Advocacy criteria for child maltreatment.

Failure to disclose accurate information may be grounds for dismissal, termination, or disbarment 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, and/or state agencies, and/or foreign governments, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Investigation Service (DIS), 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 upon 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 competencies 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 confidential, and disclosure limited to purposes authorized under the Privacy Act - mainly to conduct 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 compliance, or any 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.

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)

Attachment 25

ACKNOWLEDGMENT OF RIGHTS AND CONSENT TO RELEASE RECORDS

AUTHORITY: 42 U.S.C. 13041 AND 10 U.S.C. 8013

PRINCIPAL PURPOSE: To comply with Public Law 101-647, Section 231, and DoDI 1402.5, Criminal History Background Checks on Individuals in Child Care Services.

DISCLOSURE: Mandatory. In the case of an applicant for employment in a position involved with children under the age of 18, refusal to sign this form shall result in the employer's refusal to consider the application for employment. In the case of an incumbent of a position involved with children under the age of 18, refusal to sign this form shall result in removal from such position.

EMPLOYEE ACKNOWLEDGMENT:

1. I have been advised and understand that the U.S.AF, as a Federal employer, has an obligation to require a record check as a condition of my employment in a position involved with children under the age of 18. I have been further advised that I have a right to obtain a copy of any criminal history report made available to such employer or potential employer and to challenge the accuracy and completeness of any information included in such report.

2. I understand that the record check will include the following:

a. A State Criminal History Repository Check in the state where I currently reside and in states where I have formally resided;

b. An Installation Records Check at all installations I have identified as residences during the preceding two years. This records check will include, at a minimum, a file check of Security Forces Management Information System (SFMS) which affords global background investigative data for all AF installations; Family Advocacy's Air Force Central Registry which includes all drug and alcohol program files, medical treatment facility files, mental health, and life skills files; Family Housing files; and any other record checks as appropriate to the extent permitted by law; and

c. National Agency Check with Inquiries, including a Federal Bureau of Investigation fingerprint check.

d. A name check of the National Sex Offender Registry.

3. I hereby authorize any Federal, state, or local agency or office to release any record relating to me which is necessary to complete the record checks described above.

SIGNATURE: _____

TYPED OR PRINTED

DATE: _____ **NAME:** _____

**EQIP AND FINGERPRINT REQUEST
(PLEASE TYPE INFORMATION)**

FULL NAME:

FIRST MIDDLE LAST

SUFFIX

SSN:

SEX

 M F

UNDERLINE:

PRIOR MILITARY?

 Y N

PRIOR FEDERAL EMPLOYEE?

 Y N

DATE OF BIRTH

(YYYYMONDD):

PLACE OF BIRTH (SELF):

CITY, STATE

COUNTRY OF CITIZENSHIP

PLACE OF BIRTH (MOTHER):

CITY, STATE

COUNTRY OF CITIZENSHIP

PLACE OF BIRTH (FATHER):

CITY, STATE

COUNTRY OF CITIZENSHIP

EMAIL:

POSITION TITLE:

FACILITY:

RACE: (PLEASE CHECK THE MOST APPLICABLE)

WHITE

ASIAN

BLACK

AMERICAN INDIAN

OTHER

EYE COLOR: (PLEASE CHECK THE MOST APPLICABLE)

BLACK

BROWN

HAZEL

BLUE

GRAY

GREEN

OTHER

HAIR COLOR: (PLEASE CHECK THE MOST APPLICABLE)

BROWN

BLACK

ORANGE

GRAY

RED

SANDY

WHITE

BALD

BLONDE

OTHER

HEIGHT: (IN FEET)

WEIGHT: (IN POUNDS)

OTHER NAMES USED (IF APPLICABLE)

PHYSICAL ADDRESS (NO APO ADDRESSES) STREET, CITY, ZIP

DEPARTMENT OF DEFENSE CONSENT TO CONDUCT INSTALLATION RECORDS CHECK (IRC)	OMB No. 0704-0586 OMB Approval Expires: 20200930
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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.

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://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/>)

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/>)

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/>)

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

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/>)

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 86 FSS/ Ramstein AB, Germany	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 checked="" 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 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: _____