

BACKGROUND CHECK YOUTH SPORTS VOLUNTEER

NAME: _____

APPLICATION DATE: _____

CWR HIRE DATE _____

YOUTH SPORTS VOLUNTEER ID: _____

Actions	Initiated Sent	Completed
1. Background Check List		
2. Background Request (HireRight)		
3. DD Form 2981		
4. DD Form 3058		
5. FINGERPRINTS		
6. Copy of Drivers License		

FINGERPRINTS

Fingerprinted By: _____

Fingerprinted Date: _____

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

OMB No. 0704-0516
 OMB approval expires:
 20271130

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. 522a(b) of the Privacy Act of 1974, these records may specifically be disclosed outside of DoD pursuant to 522a(b)(3), including as follows: To designated officers and employees of Federal, State, local, territorial, tribal, international, or foreign agencies, or other public authorities, or to other offices or establishments in the executive, legislative, or judicial branches of the Federal Government, in connection with the hiring or retention of an employee, the conduct of a suitability, credentialing, or security investigation, the classifying of jobs, the letting of a contract, or the issuance of a license, grant or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter and the Department deems appropriate; to the appropriate Federal, State, local, territorial, tribal, foreign, or international law enforcement authority or other appropriate entity where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law.

A complete list of routine uses may be found in the applicable System of Records Notice (SORN), DUSDI 02 DoD Personnel Vetting Records System, at <https://dpcld.defense.gov/Portals/49/Documents/Privacy/SORNs/OSD%3/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
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3. DATE OF BIRTH (YYYYMMDD)	4. INSTALLATION/PROGRAM NAME	5. DATE OF HIRE (YYYYMMDD)
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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.

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)
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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)
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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)

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, 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://doicd.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

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, OR Country, if born outside the US)	4. DATE OF BIRTH (YYYYMMDD)	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 domestic abuse) maintained in the FAP Central Registry to include US State specific Child Abuse/Neglect registries. 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 (YYYYMMDD)	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) (YYYYMMDD)		
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: (YYYYMMDD) _____ Date Completed: (YYYYMMDD) _____

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: (YYYYMMDD) _____

10. INSTALLATION LAW ENFORCEMENT

Type of Check: Initial: Annual: 5 Year Check:

Date initiated: (YYYYMMDD) _____ Date Completed: (YYYYMMDD) _____

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: (YYYYMMDD) _____

11. DEFENSE CENTRAL INDEX OF INVESTIGATIONS (DCII) (Optional check)

Type of Check: Initial: Annual: 5 Year Check:

Date initiated: (YYYYMMDD) _____ Date Completed: (YYYYMMDD) _____

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: (YYYYMMDD) _____

FOR OFFICIAL USE ONLY

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. 3111, Acceptance of volunteer service; and DoDI 1100.21, Voluntary Services in the Department of Defense.

PRINCIPAL PURPOSE(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://dpcid.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570084/a0608b-dfsc/>) (2) NM01754-2, DON Family Support Program Volunteers (at <http://dpcid.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570427/nm01754-2/>); and (3) F038 AFDP, Family Services Volunteer and Request Record (at <http://dpcid.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/569815/f038-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 I - 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
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4. TELEPHONE NUMBER (include Area Code)	5. E-MAIL ADDRESS
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PART II - VOLUNTEER ASSIGNMENT (to be completed by Accepting Official)

6. INSTALLATION/COMPONENT ACTIVITY MCAS Yuma	7. ORGANIZATION/UNIT WHERE SERVICE OCCURS MCCS	8. PROGRAM WHERE SERVICE OCCURS Summer Fit - Youth Sports	9. ANTICIPATED DAYS OF WEEK Flexible	10. ANTICIPATED HOURS Flexible
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11. DESCRIPTION OF VOLUNTEER SERVICES

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)	

FOR OFFICIAL USE ONLY

VOLUNTEER AGREEMENT FOR APPROPRIATED FUND ACTIVITIES or NONAPPROPRIATED INSTRUMENTALITIES INSTRUCTIONS FOR COMPLETING DD FORM 2793

DD Form 2793, Volunteer Agreement for Appropriated Fund Activities and Nonappropriated Fund Instrumentalities, is available online at, <http://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2793.pdf>. A Volunteer Agreement must be completed and signed by both Volunteer (or Parent/Guardian of volunteer under the legal age of majority) and Government Accepting Official (Installation Volunteer Coordinator or similar) before volunteer begins voluntary service. The accepting official will furnish the volunteer a copy of DD Form 2793, and retain the original in accordance with DoD Instruction (DODI) 1100.21, *Voluntary Services in the DoD* and the Military Departments' Records Disposition Issuances.

VOLUNTEER AGREEMENT FOR APPROPRIATED FUND ACTIVITIES or NONAPPROPRIATED INSTRUMENTALITIES. To be completed by Government official applicable to the volunteer's assignment.

PART I - GENERAL INFORMATION (to be completed by Volunteer or Parent/Guardian as specified)

1. **NAME OF VOLUNTEER.** (Last, First, Middle Initial)
2. **NAME OF PARENT/GUARDIAN.** (if volunteer is under legal age of majority) (Last, First, Middle Initial) Parent/Guardian signature is required only if volunteer is under the legal age of majority.
3. **VOLUNTEER IS: AGE 18 OR OVER OR UNDER AGE 18.** Check applicable box to indicate whether volunteer is an adult or minor child (under the legal age of majority).
4. **TELEPHONE NUMBER.** (Include Area Code) List number where volunteer prefers to be contacted.
5. **E-MAIL ADDRESS.** List address where volunteer prefers to be contacted.

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

6. **INSTALLATION/COMPONENT ACTIVITY.** List the installation/component activity where voluntary service will be performed or that assumes primary responsibility for the volunteer program.
7. **ORGANIZATION or UNIT WHERE SERVICE OCCURS.**
8. **PROGRAM WHERE SERVICE OCCURS.** List organization or unit program or location where voluntary services will be performed
9. **ANTICIPATED DAYS OF WEEK.** List anticipated day(s) volunteer will be donating services.
10. **ANTICIPATED HOURS.** List anticipated times or number of volunteer hours to be provided per specified time period.
11. **DESCRIPTION OF VOLUNTEER SERVICES.** Briefly describe assigned voluntary service duties.

PART III - VOLUNTEER CERTIFICATION

12. **CERTIFICATION.** Certification must be signed and dated by both Volunteer and Government Official accepting volunteers providing voluntary services. Accepting Official must check either Appropriated Fund Activity or Non-appropriated Fund Instrumentality at the top of DD Form 2793.
 - a. **SIGNATURE OF VOLUNTEER.**
 - b. **SIGNATURE OF PARENT/GUARDIAN.** (if Volunteer is under legal age of majority).
 - c. **DATE SIGNED (YYYYMMDD).** List date signed by Volunteer.
13. **NAME OF ACCEPTING OFFICIAL.**
 - a. (Last, First, Middle Initial).
 - b. **SIGNATURE.** Signature of Accepting Official.
 - c. **DATE SIGNED (YYYYMMDD).** List date signed by Accepting Official.

PART IV - 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.** This may apply to volunteers designated as Special Government Employees. Consult Ethics Counselor for details.
 - d. **HOURS.** Total number of voluntary service hours donated.
15. **SERVICE END DATE (YYYYMMDD).** Volunteer Supervisor lists final day of voluntary service.
16. **VOLUNTEER SIGNATURE.**
 - a. Volunteer's signature verifies voluntary service time donated.
 - b. **PARENT/GUARDIAN SIGNATURE.** (if Volunteer is under legal age of majority).
17. **NAME OF SUPERVISOR.**
 - a. (Last, First, Middle Initial) of Volunteer Supervisor.
 - b. **SUPERVISOR SIGNATURE.** Signature of Volunteer Supervisor or Accepting Official verifies total amount of voluntary service time donated.
 - c. **DATE SIGNED (YYYYMMDD).** Date signed by Volunteer Supervisor or Accepting Official.

Semper Fit Youth Sports Coach's Code of Conduct

1. This program is solely for the young people participating, it is not for any coach, parent or anyone's ego. This program is designed to teach the basic principles of sportsmanship, camaraderie and basic athletic skills. **REMINDER: THESE ARE CHILDREN, NOT MARINES... USE YOUR BEST JUDGEMENT!**

2. Winning is not the foremost object of the program, but by competent coaching and positive reinforcement of goals, these young people learn how to win, how to lose and to do both well.

3. I am responsible not only for my conduct and performance, but also that of my assistants, players, and parents of players. I realize that my team may be penalized and that I may be subject to disciplinary action failing to do my utmost to control inappropriate behavior.

4. I will not knowingly allow any player to participate on my team who is not a registered participant in the Semper Fit Youth Sports Program, or who is presently playing for any junior or senior high school team; nor will I allow a player whom I know to have altered his date of birth, or any other date which would show him eligible to compete in our program when he should not; and that I am subject to game forfeitures, suspension or termination for playing such ineligible players.

5. Every effort will be made to insure that no team feels demoralized by the running up of any score.

6. I understand the league minimum play rule. I must play all players at least a reasonable amount of plays during the game. However, for disciplinary reasons I may restrict a player's participation.

7. I understand that I am governed by the Semper Fit Youth Sports Program and Marine Corps Community Services (MCCS) and I will accept their final judgment in any matter in which I may be involved.

8. I will run my practices and games in a sports environment that is free of drugs, tobacco, alcohol, the use of yelling, and the use of profanity.

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:

- Verbal warning by official, head coach, and/or Athletics Office representative
- Written warning
- Game suspension with written documentation of incident kept on file by Athletics Office
- Game forfeiture through the official or coach
- Season suspension
- Potential ban from all Youth Sports aboard MCAS Yuma

Print Name _____

Signature _____

Fingerprint Applicant Form

Owning Security Management Office, please provide the information required on the top two lines of this form, then provide this form to the applicant. The applicant will bring this form with them to their appointment.

Name: _____

Type: T1 T3 T5 SAP SON 165G SOI DAPS IPAC _____

Appointment Date: _____ Time: _____

Notes to Applicant:

Report with clean hands. You will be performing digital prints, not ink prints.

- State Issued ID Required Reading Glasses if Required.
 Social Security Card Required. Current Address Required

The fingerprints will be conducted within Mission Assurance Bldg 1210, Rm 123, located on the right side of the building, to the right of the stairs.

*****Applicant must return this form to their Security Manager for processing*****

Mission Assurance Clerk Signature _____ Notes: _____

To schedule fingerprints send an email, subject "FINGERPRINTS", to rica.vega1@usmc.mil. You will receive a response with available dates and time.

Security Manager, please notify Mission Assurance if fingerprints do not register in DISS after two weeks. ricardo.vega1@usmc.mil.

