



# YOUTH SPORTS VOLUNTEER BACKGROUND CHECK PACKET

FILL OUT ALL SECTIONS THAT ARE **HIGHLIGHTED**. ALL HIGHLIGHTED SECTIONS MUST BE COMPLETED BEFORE SUBMISSION ALONG WITH CURRENT **IMMUNIZATION RECORDS**.

**SIGNATURES: USE ONLY REGULAR INK OR CAC CARD.**

**\*\*PLEASE CALL YOUR LOCAL YOUTH SPORTS OFFICE WITH ANY QUESTIONS\*\***

**Fort Carson Youth Sports**

**719-526-4425**

**6181 Ware St. Bldg. 5950 Ft. Carson, Co 80913**

**•YOU WILL BE NOTIFIED WHETHER YOU ARE SUITABLE OR NON-SUITABLE ONCE THE PROCESS IS COMPLETE.**



# Packet Instructions & Essential Information

We appreciate your interest in coaching for Fort Carson Youth Sports!

## Friendly Reminder:

- You can choose to be a head coach or an assistant coach.
- Earn **50** volunteer hours **per sport season**, which are valuable for earning promotional points.
- Become certified as a Coach with NAYS, the National Alliance for Youth Sports.
- Gain CPR and First Aid certification.
- **Head coaches** with kids get 100% reimbursement for ALL their children enrolled in the same sport and season.
- **Assistant coaches** receive 100% reimbursement for ONE child.

## Coach on-boarding process:

There are just three essential steps you'll need to complete:

Step 1: Fill out the coaching packet.

Step 2: We'll guide you through the fingerprint process.

Step 3: Complete your trainings - you can attend a coaches meeting or schedule a desk side training with our Sports Specialist.

Following these steps, our team will request your Background Check Verification on your behalf.

Once completed, you will be ready to coach!

## Packet Instructions:

- When filling out the forms, use the format MM/DD/YYYY unless otherwise specified as YYYY/MM/DD.
- You can either deliver the packet in person **to our office or email it to us. We'll be happy to assist you!!**
- **If printed, please ensure it is printed on one side only. | For signatures, please use regular ink or a CAC CARD.**

## Contact us:

- **Fort Carson Youth Sports**

Address: 6181 Ware St. Bldg 5950 Ft. Carson, Co 80913

[theodis.forrest.naf@army.mil](mailto:theodis.forrest.naf@army.mil)/[ashley.e.foe.naf@army.mil](mailto:ashley.e.foe.naf@army.mil)



## Acknowledgment Form - Immunization Records

Coach Name: \_\_\_\_\_

Coach Signature: \_\_\_\_\_

To ensure that your coaching file is in compliance with the order:

### **"01 to OPERATIONS ORDER 21-033: Child and Youth Services (CYS) Immunizations Requirements (U)"**

We kindly request that you provide us with your immunization records. The following are required:

Immunizations:	Recurrence:
Influenza	Annually
Hepatitis B	Only once: three-dose series
MMR	Only once: two doses
TDAP/Td	Every 10 years
Varicella	Only once: two doses

## IMPORTANT

- 1. You must provide your current immunization records, even if you don't meet all the immunization requirements.**
- 2. Approval for your sports participation is pending until we receive your immunization records.**  
Please submit them along with the completed packet in order to comply with the previously outlined order.
- 3. If you are unable to meet the previous Immunization Requirements, you must sign an "Immunization Waiver." If applicable, please request an Immunization Waiver Form from us.**

Please deliver the required document in person to our office at the Youth Center, 6181 Ware St. Bldg. 5950 Ft. Carson, CO 80913, or email it with the packet.

• Fort Carson Youth Sports  
Address: 6181 Ware St. Bldg 5950 Ft. Carson, Co 80913  
theodis.forrest.naf@army.mil/ashley.e.foe.naf@army.mil

**Child, Youth and School Services**

**Volunteer Packet**

**Paperwork Checklist**

**Volunteer's Name:** \_\_\_\_\_

**SSN** \_\_\_\_\_

<b>Paperwork:</b>	<b>Verify in Folder:</b>	<b>Initials:</b>
<b>Volunteer Information Sheet</b>		
<b>Volunteer Coach Application</b>		
<b>Reference Form 3 Completed References by Sports</b>		
<b>DA 5018R</b>		
<b>DA Form 2981</b>		

## VOLUNTEER INFORMATION SHEET

**SSN:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Alias/Maiden:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**City of Birth:** \_\_\_\_\_

**State of Birth:** \_\_\_\_\_

**Country of Birth:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Current Address (to include city, state and zip):** \_\_\_\_\_

\_\_\_\_\_

## Child, Youth and School Services Youth Sports and Fitness

### References

Please list three individuals who know of your instructor experiences, character, work ethics, or other traits that we may contact for a reference. Please do not list family members. **THREE REFERENCES ARE REQUIRED. PLEASE PRINT.**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

For use of this form, see AR 600-85; the proponent agency is DCS, G-1.

I, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

*(Client's Full Name)*

\_\_\_\_\_ namely,

\*\*\* see above\*\*\*

*(extent or nature of information to be disclosed)*

(Check applicable paragraph)

- Or -

2. ☐ I understand that this consent automatically expires 60 days from today's date or when my present criminal justice system status changes to \_\_\_\_\_

SIGNATURE OF CLIENT		DATE
NAME OF WITNESS ( <i>Type or print</i> )	SIGNATURE	DATE

**NOTE:** Other than the MEDCEN/MEDDAC/DHA Commander, approval authority for release of information may be delegated to the Program Physician or the Clinical Director.

SIGNATURE	DATE
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**PLEASE PRINT CLEARLY**

Communication Skills:	1	2	3
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**How high do you rate winning? (1 = Not Important, 10 = Most Important):**

**1      2      3      4      5      6      7      8      9      10**

**How high do you rate fun/participation for the players? (1 = Not Important, 10 = Most Important):**

**1      2      3      4      5      6      7      8      9      10**

Coaches are the heart of youth sports. The interaction of coaches and the players, the ability to teach game skills, and the psychological effects of the coaches' actions toward the players, can create an impression that the youth will remember the rest of their lives. For this reason, coaches are reminded of the positive or negative impact they are going to have on young athletes.

**“WE ARE GOING TO ADMINISTER THE SPORT FOR THE KIDS, NOT ADULT EGOS.”**

**ALL VOLUNTEER COACHES MUST READ AND SIGN THE FOLLOWING STATEMENT:**

I certify that I have no previous arrests or convictions of child abuse, neglect, or other criminal activity that would suggest that I am not suitable for supervising or working with children (AR 608-10). All persons working or volunteering regularly in the program, who have contact with youth, have signed that they have no history of, conviction of, admission to or evidence of acts of child abuse, molestation or neglect involving a child, or drug/alcohol abuse. I also certify that I will abide by the CYS – Youth Activities Program policies and Army Regulations.

Background checks will be conducted on ALL applicants wishing to coach for our program. The goal for this procedure is to ensure that we are providing the safest environment possible. If you do not wish to have background checks complete, you will not be eligible to participate in the Youth Sports Program.

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Sign Name:** \_\_\_\_\_

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**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-information-collections@mail.mil](mailto: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 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://dpcl.d.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DUSDI-02-DoD.pdf>

**DISCLOSURE:** Voluntary. However, failure to provide all requested information may result in an unfavorable adjudication or determination regarding suitability or fitness to work with children.

<b>1. NAME</b> (Last, First, and Middle Name) (Do not use initials or abridgements.)	<b>2. OTHER NAME(S) USED</b>	
<b>3. DATE OF BIRTH</b> (YYYYMMDD)	<b>4. INSTALLATION/PROGRAM NAME</b> Fort Carson Army Garrison/DFMWR/CYS/Youth Sports	<b>5. DATE OF HIRE</b> (YYYYMMDD)

**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.

<b>CHILD ABUSE/NEGLIGENCE:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DRUG OR ALCOHOL:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>VIOLENT CRIME/ASSAULTIVE BEHAVIOR:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SEX CRIME:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DOMESTIC VIOLENCE:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>OTHER:</b> <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.

<b>a. SIGNATURE</b>	<b>b. DATE</b> (YYYYMMDD)
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**8. ANNUAL CERTIFICATIONS** (Required by Child Development and Youth Program Staff and Volunteers. Certify for the most year recent only.)

In the past year, have you been apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law, or Municipal law? (Do not include traffic fines of less than \$300.) In addition, are you aware of a current allegation/investigation of child abuse/neglect or domestic violence by you, or have you otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category.

**Failure to disclose accurate information may be grounds for dismissal, termination, or debarment from participating in the program.**

<b>a. 2nd YEAR</b> (Yes or No)	<b>(1) SIGNATURE</b>	<b>(2) DATE</b> (YYYYMMDD)	<b>b. 3rd YEAR</b> (Yes or No)	<b>(1) SIGNATURE</b>	<b>(2) DATE</b> (YYYYMMDD)
<b>c. 4th YEAR</b> (Yes or No)	<b>(1) SIGNATURE</b>	<b>(2) DATE</b> (YYYYMMDD)	<b>d. 5th YEAR</b> (Yes or No)	<b>(1) SIGNATURE</b>	<b>(2) DATE</b> (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.



# ARMY CHILD & YOUTH SERVICES CONTRACTOR AND VOLUNTEER ORIENTATION/ANNUAL INDIVIDUAL DEVELOPMENT PLAN

<b>Name</b>		Position Title			
Garrison		Program Assigned			
Manager Name and Email Address:					
Annual IDP Dates	From:	To:			
The Contractor and Volunteer IDP is created every 12 months in collaboration between the Contractor/Volunteer and the Program Manager. Orientation training must be completed prior to working with children/youth and training requirements are due annually thereafter.					
I understand that successful completion of training with demonstrated competence within the prescribed time frame is a Contractor/Volunteer requirement.					
<b>Signature of Contractor/Volunteer:</b>				<b>Date:</b>	
<b>Orientation/Annual Training</b>	<b>CYMS</b>	<b>Hours</b>	<b>Date</b>	<b>Contractor/Volunteer Initials</b>	<b>Program Manager Initials</b>
Child Abuse Prevention, Identification, and Reporting (includes Standards of Conduct)	A-ABUSE	1			
Review of Applicable Regulations: Installation Policy/Inclement Weather/ Activity Cancellation Procedures	O-REG	.5			
The Role of the Volunteer/Contractor	A-PFDEV	.5			
Positive Guidance and Appropriate Touch	A-GUIDE	.5			
Working with Children with Special Needs	A-SN	.5			
Child/Youth Safety and Health: Bloodborne Pathogens	A-BBP	.5			
Age-Appropriate Learning Activities	A-DAP	.5			
Fire Prevention, Emergency & Evacuation Procedures	A-FIRE	.5			
Safe Infant Sleep Practices, Sudden Infant Death Syndrome (SIDS) & Tummy Time (CDC only)	A-SIDS	N/A			
CPR	A-CPR	1			
First Aid	A-FIRST	1			
Concussion Training (volunteer coaches)	A-CONC	.5			
Certification by Recognized Sports Organization (volunteer coaches)	A-PFDEV	1			
<b>Signature of Volunteer/Contractor/Date</b>					
<b>Signature of Program Manager/Date</b>					



## CODE OF ETHICS

I hereby pledge to live up to my certification as a NAYS Coach by following the NAYS Coaches' Code of Ethics:

- I will place the emotional and physical well being of my players ahead of a personal desire to win.
- I will treat each player as an individual, remembering the large 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 promise to review and practice basic first aid principles needed to treat injuries of my players.
- I will do my best to organize practices that are fun and challenging for all my players.
- I will lead by example in demonstrating fair play and sportsmanship to all my players.
- I will not cheat or engage in any form of unethical behavior that violates league rules.
- I will provide a sports environment for my team that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events.
- I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.
- I will use those coaching techniques appropriate for all of the skills that I teach.
- I will remember that I am a youth sports coach, and that the game is for children and not adults.

\_\_\_\_\_  
Coach Signature

\_\_\_\_\_  
Date

## **Statement of Understanding Child and Youth Services Personnel**

### **Standards of Conduct and Accountability in Child and Youth Services (CYS) Programs**

#### **I understand that:**

1. I am responsible for providing guidance in accordance with (IAW) CYS Policy by using knowledge, skills and abilities to identify appropriate and inappropriate behavior of children/youth based on their age and social/emotional development. I will role-model and explicitly teach problem-solving strategies, impulse control, empathy and acceptance of self and others as well as pro-social behavior.
2. I will never use corporal/physical punishment, psychological abuse or coercion as an acceptable form of guidance. Guidance will never be punitive in nature. Children will not be punished physically or verbally for lapses in toilet training or refusing food. I will never punish children/youth by any of the following: spanking, pinching, dragging or grabbing, shaking, or other corporal punishment; isolation, time away/timeout, or overly punitive restrictions; confinement in closets, boxes, or similar places or locked seclusion; manual, mechanical, or chemical restraint; humiliation, demeaning, shaming, verbal abuse, taunting, teasing, degrading language or activities, or psychological pain; deprivation of meals, hydration, snacks, outdoor play opportunities, or other program components; aversive stimuli; forced physical exercise to eliminate behaviors; punitive work assignments; punishment by peers; or group punishment or discipline for individual behavior. Restricting the use of specific play materials and equipment, or participation in a specific activity will be based on the developmental age and social/emotional development of the child and if it poses a safety concern for the child or others.
3. I am responsible for knowing the boundaries for appropriate and inappropriate touching that are established to ensure that CYS personnel have a clear understanding of what is acceptable and what is not. These boundaries are specified in the Standards of Conduct and Accountability SOP.
4. If an allegation of abuse/neglect is made against me, it will be grounds for immediate closure of my Family Child Care (FCC) home or reassignment outside of CYS until the investigation is completed.
5. I am responsible for supervising Infants, Pre-toddlers and Toddlers by sight and sound at all times, including when sleeping. Mirrors and video monitoring do not replace direct sight and sound supervision. Preschool and kindergarten children are supervised by sight most of the time, with the exception of brief periods when children cannot be seen but still heard, as long as I check frequently on children who are out of sight (e.g. child using the toilet independently, child in a library area). Kindergarteners and School-age children may leave my supervision for brief periods, so long as they are in a safe environment (such as going to a hall bathroom) but must be within sight and/or hearing most of the time. Middle School and Teen youth are supervised by monitoring areas where youth are engaged in

activities and requires that I move throughout the facility.

6. I am responsible for maintaining specific accountability for each Child Development Center (CDC)/Family Child Care (FCC) child in my group or each School Age Center (SAC)/Middle School Teen (MST) youth in my facility. I will follow the systems in place to account for children and youth at regular intervals, especially during periods of transition in CDC/SAC and during off-site activities based on risk assessment analysis. If I observe a child slipping away from or leaving his/her primary care group or discover a youth in an off-limits area within the facility, I will notify the primary caregiver. These instances are not considered abuse/neglect. I am part of a team and am responsible for assisting my teammates as needed.

7. I will conduct or participate in a face-to-name count of children conducted once per hour in CDCs and during transitions in and out of the classroom. I will monitor all School Age children and Middle School/Teen youth while they independently move throughout the facility.

8. I must ensure the physical count of children/youth and/or the system that is used to monitor the whereabouts of children matches the number signed in (applies to direct care and management staff). I must ensure that the physical count of children/youth matches the number swiped into Child and Youth Management System (CYMS) (applies to management staff only).

9. I will focus my full attention on the children/youth in my care and will refrain from using personal electronic devices (to include cell phones, tablets, laptops and smart watches) while counted in ratio.

10. I am responsible for ensuring that all children/youth safely evacuate the building in the event of an emergency.

11. I understand that CYS facilities are under continuous video and audio surveillance through Closed Circuit Television (CCTV). I also understand that recordings may be used to substantiate or refute allegations of child abuse/neglect or employee misconduct, as a training aide, or to recognize positive performance.

12. I may be observed by a manager or Training Specialist as part of a documented training or performance observation any time during my duty hours, either in person or through the use of the CCTV System.

13. As a mandated reporter I will immediately and directly report to the Reporting Point of Contact (RPOC) and local Child Protective Services (CPS) (if located in the U.S.) any incident I witness which a reasonable person would consider child abuse or neglect.

14. If I witness an incident that a reasonable person would not consider child abuse or neglect, but is still a violation of this guidance, I will immediately verbally report it to my supervisor or other management staff, and follow up in writing.



15. I am responsible for completing reports on accidents, injuries to children/youth, or other unusual incidents that occur while I am on duty.

16. I will wear my appropriate color coded apparel (ensuring apparel can be seen at all times and from all angles) when caring for children/youth.

17. I will refrain from commenting, passing judgment, or providing guidance or input on sensitive topics with children/youth. I will encourage children/youth to reach out to a trusted family member or counselor for discussion.

18. The following Social Media and Electronic Communications are prohibited:

- Displaying in the workplace or any other place likely to embarrass or undermine the professional credibility of the CYS program or otherwise interfere with CYS operations, any material that is sexually explicit, provocative, inappropriate, inflammatory, or unprofessional. Such materials shall not be present on CYS premises.
- Communication to staff or children/youth that is unprofessional or inappropriate.
- Communication with children/youth through social media platforms except via the program's official social media pages (e.g. facebook, twitter).
- Communication with children/youth by email and messaging except via staff's .mil email address – all electronic communications with children/youth will have a parent and at least one other paid staff member on the cc line.
- Communication with children/youth by text message via a personal device.
- Sharing home or personal email, messaging, phone numbers or social media addresses with children/youth.
- Posting media to a personal social media site which includes non-familial children/youth enrolled in CYS programs.
- Use of Personal Electronic Devices while on duty.

19. I am required to immediately inform my supervisor/program director if I am charged with a crime referenced on the DD Form 2981 Basic Criminal History and Statement of Admission.

SUZANNE V. KING  
Chief, Child and Youth Services

## CYS PROFESSIONAL'S CREED

**I am an Army CYSP a professional trained in my duties. I serve Department of Defense Families who protect the nation by protecting their children/youth and ensure accountability for children/youth in my care.**

**I will always provide a safe, nurturing, and enriching environment. Never will I put children/youth in harm's way or allow others to do so. I will build trust with parents so they can concentrate on their mission. I will always treat Families with the dignity and respect they deserve. Army professionals are key members of the Army Team. I am an Army professional.**

My signature acknowledges that I have read, understand, and will comply with the Caregiver's Creed and the Standards of Conduct and Accountability SOP on appropriate guidance, touching, interactions, social media, and accountability of children/youth, and my role in preventing and reporting child abuse or neglect in CYSP programs.

In addition, my signature acknowledges I have read and understand:

- a. AR 608-10, sections pertaining to the Touch Policy and supervision of children, and other sections as directed by management;
- b. AR 608-18 Chapter 8, Out of Home Cases in DoD Sanctioned Activities;
- c. Latest CYSP Multi-Disciplinary Team Inspection tool sections on Risk Management and Supervision; and
- d. My Position Description, which states my designation as a mandated reporter of child abuse or neglect.

I understand that failure to comply with these policies may result in adverse disciplinary action taken against me.

### Year 1:

\_\_\_\_\_  
CYSP Personnel Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

### Year 2:

\_\_\_\_\_  
CYSP Personnel Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

### Year 3:

\_\_\_\_\_  
CYSP Personnel Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

# IMCOM-HQ CYS SERVICES VOLUNTEER SPORTS AND FITNESS COACH JOB DESCRIPTION – Page 1



<b>Organization:</b>	IMCOM-HQ, Child, Youth and School (CYS) Services Sports and Fitness (SF)
<b>Position Title:</b>	CYS Services Sports and Fitness Volunteer Coach
<b>Summary:</b>	<i>A good coach improves your game. A great coach improves your life – Michael Josephson</i>
<b>Duties:</b>	Teach proper skills, fundamentals of rules, strategies and procedures needed to participate in a specified sport in accordance with the CYS Services requirements. Be present at scheduled practices and games at least fifteen minutes before the scheduled starting time. Inform CYS Services SF staff members regarding changes, concerns and issues. Keep players and parents informed about all practice and/or games times and any changes. Maintain a focus on sports skill development, recreation, maximum participation of players, and leisure activities. Maintain CYS Services property, role model appropriate behavior (e.g., Army Values, CYS Services Statement of Understanding) and abide by the CYS Services SF philosophy.
<b>Time Required:</b>	Practices are generally held during the period Monday – Friday: 1700-2000 Note: Practices must be conducted IAW CYS Services guidance  Games are generally held Saturday: 0800-1700 Note: Average – one game per week; times vary.
<b>Benefits:</b>	Program is designed to promote positive attitudes and reinforce CYS Services SF philosophy and Army core values to offer children and youth opportunities to feel competent and instill values associated with the pursuit of skills in sports, fitness, nutrition and recreational activities.

**IMCOM-HQ CYS SERVICES VOLUNTEER SPORTS AND FITNESS COACH JOB  
DESCRIPTION – Page 2**

**Training:** National Youth Sports Coaches Association (NYSCA)  
Child Abuse Reporting, Prevention, Identification and Recognition  
Developmentally Appropriate Practices  
First Aid / CPR Orientation  
Concussion Training

**Orientation:** CYS Services Sports and Fitness Certification Clinic  
Parents Association for Youth Sports (PAYS) Orientation  
Parent Meeting specific to sport meeting being coached

**Qualifications:** Background/clearance check IAW CYS Services guidance

**Supervisor:** CYS Services Sports and Fitness Director

**Assessment:** CYS Services SF Volunteer Coaches will receive feedback through the CYS  
Services SF Director.  
Must be available approximately 4-8 hours per week

**CYS Services SF Supervisor Signature:**

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CYS Services, Sports and Fitness Director

**Coach/Volunteer Signature:**

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CYS Services Sports and Fitness Volunteer

**Contact Information:** (FILL IN LOCAL INFORMATION HERE: NAME, EMAIL, DSN  
and CIV PHONE)

*CYS Services Sports and Fitness – Bringing out the best in youth*

## 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 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/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

<b>1. NAME OF VOLUNTEER</b> (Last, First, Middle Initial)	<b>2. NAME OF PARENT/GUARDIAN</b> (If volunteer is under age 18) (Last, First Middle Initial)	<b>3. VOLUNTEER IS</b> (Select one) <input type="checkbox"/> AGE 18 OR OVER <input type="checkbox"/> UNDER AGE 18
<b>4. TELEPHONE NUMBER</b> (Include Area Code)		<b>5. E-MAIL ADDRESS</b>

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

<b>6. INSTALLATION/COMPONENT ACTIVITY</b>	<b>7. ORGANIZATION/UNIT WHERE SERVICE OCCURS</b>	<b>8. PROGRAM WHERE SERVICE OCCURS</b>	<b>9. ANTICIPATED DAYS OF WEEK</b>	<b>10. ANTICIPATED HOURS</b>
<b>11. DESCRIPTION OF VOLUNTEER SERVICES</b>				

## 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.

<b>a. SIGNATURE OF VOLUNTEER</b>	<b>b. SIGNATURE OF PARENT/GUARDIAN</b> (if volunteer is under age 18)	<b>c. DATE SIGNED</b> (YYYYMMDD)
<b>13.a. NAME OF ACCEPTING OFFICIAL</b> (Last, First, Middle Initial)	<b>b. SIGNATURE</b>	<b>c. DATE SIGNED</b> (YYYYMMDD)

## PART IV - TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR AND SIGNED BY VOLUNTEER

<b>14. AMOUNT OF VOLUNTEER TIME DONATED</b>	<b>a. YEARS.</b> (2,087 hours = 1 year)	<b>b. WEEKS</b>	<b>c. DAYS</b>	<b>d. HOURS</b>	<b>15. SERVICE END DATE</b> (YYYYMMDD)
<b>16.a. VOLUNTEER SIGNATURE</b>	<b>b. PARENT/GUARDIAN SIGNATURE</b> (If volunteer is under age 18)	<b>17.a. NAME OF SUPERVISOR</b> (Last, First, Middle Initial)	<b>b. SUPERVISOR'S SIGNATURE</b>	<b>c. DATE SIGNED</b> (YYYYMMDD)	



# ATTENTION • COACH

**To ensure you receive credit for your volunteer service, please remember to log your volunteer hours in VMIS, [Volunteer Management Information System].**



**Scan the QR code for instructions on how to create your account.**

If you have trouble scanning the QR code, please ask us for the instructions.  
Call 719-526-4425, or email [theodis.forrest.naf@army.mil](mailto:theodis.forrest.naf@army.mil)/[ashley.e.foe.naf@army.mil](mailto:ashley.e.foe.naf@army.mil)

