

YOUTH SPORTS ARE DEPENDENT ON VOLUNTEER COACHES. WITHOUT A COACH, THE TEAM CAN'T PLAY! HELP MAKE A DIFFERENCE IN A CHILD'S LIFE IN A POSITIVE WAY.

USAG BENELUX

VOLUNTEER COACH

APPLICATION

Today's Date: _____

Name: _____

Which sports do you want to coach: _____

Which age group do you prefer: _____

Circle the days you prefer to have practice:

Mon & Wed or Tue & Thur or _____





Please select the sport and age group you would like to coach

Name: _____

CMR Address: _____

Telephone: (Home/Business #) _____

Email Address – Personal _____

Email Address – Work _____

Gender: Male ☐ Female ☐

Are you 18 years or older?
Yes ☐ No ☐

Soccer		Baseball		Multi-Sports	
Development	3-5yrs <input type="checkbox"/>	Development	3-5yrs <input type="checkbox"/>	Golf	5-7yrs <input type="checkbox"/>
Peewee Co-ed	6-7yrs <input type="checkbox"/>	Peewee Co-ed	6-7yrs <input type="checkbox"/>	Table Tennis	10-14yrs <input type="checkbox"/>
Minor Co-ed	8-9yrs <input type="checkbox"/>	Minor Co-ed	8-9yrs <input type="checkbox"/>		8-9yrs <input type="checkbox"/>
Bantam Co-ed	10-12yrs <input type="checkbox"/>	Bantam Co-ed	10-12yrs <input type="checkbox"/>		10-12yrs <input type="checkbox"/>
Junior Boys/Girls	13-15yrs <input type="checkbox"/>	Junior Boys/Girls	13-15yrs <input type="checkbox"/>		13-15yrs <input type="checkbox"/>
Basketball		Flag Football		Cheerleading	
Development	3-5yrs <input type="checkbox"/>	Development	5-7yrs <input type="checkbox"/>	Girls	6-7yrs <input type="checkbox"/>
Peewee Co-ed	6-7yrs <input type="checkbox"/>	Boys & Girls	9-12yrs <input type="checkbox"/>	Girls	8-9yrs <input type="checkbox"/>
Minor Co-ed	8-9yrs <input type="checkbox"/>	Boys & Girls	13-15yrs <input type="checkbox"/>	Girls	10-13yrs <input type="checkbox"/>
Bantam Co-ed	10-12yrs <input type="checkbox"/>				
Junior Boys/Girls	13-15yrs <input type="checkbox"/>				

Other Sport: _____

☐ Head Coach ☐ Assistant Coach

Coaching Background

Have you ever played this sport? Yes ☐ No ☐ Number of years _____

Have you coached this sport? Yes ☐ No ☐ Number of years _____

What other sports have you coached?

Sport	Sponsoring Agency	Age Level	Years Played

Have you had formal training as a coach? Yes ☐ No ☐

If yes, please describe (example: PE degree, coaching courses, clinics, etc.)

Describe any informal training that would help you coach (example: reading books, watching sports, etc.)

Do you have any medical conditions that may affect your ability to coach? Yes ☐ No ☐

Please rate your knowledge of the following topics with regard to this sport by circling the appropriate number

1 = You know very little about it 2 = You have reasonably good knowledge about it 3 = You know a great deal about it

1	2	3	Skill and Strategies of the sport	1	2	3)	o
1	2	3	Rules of the Sport	1	2	3	#	o
1	2	3	Organizing hractices	1	2	3	†	h #
1	2	3	Equipment Veeds and opecifications	1	2	3	†	† h
1	2	3	Injury Prevention and urement	1	2	3	h	u o o
1	2	3	Legal) uties	1	2	3	U	u

Are you familiar with international rules? Yes ☐ No ☐

Signature _____ Date _____

**INSTALLATION MANAGEMENT COMMAND (IMCOM)
BACKGROUND CHECK REQUEST (BCR) FORM**

For personnel in child services positions supporting Army programs and activities IAW Army Directive 2014-23 and DODI 1402.05

PRIVACY ACT STATEMENT

AUTHORITY: 34 USC 20351 and 10 USC 3013, Public Law 101-647, Section 231 (Crime Control Act of 1990); DODI 1402.05, Background Checks on Individualism DoD Child Care Services Programs, 11 Sep 2015, Army Directive 2014-23 (Conduct of Screening and Background Checks For Individuals Who Have Regular Contact With Children in Army Programs), DODI 6060.02 (Child Development Programs (CDPs), 5 Aug 2014), DODI 6060.4 (DoD Youth Programs (YPs), 23 Aug 2004), DoDI 1100.21, Voluntary Services in the Department of Defense, DODI 1400.25, Volume 731 DoD Civilian Personnel Management System: Suitability and Fitness Adjudication For Civilian Employees, 24 Aug 2012, DoD Instruction 1400.25, Subchapter 1403 (DoD Civilian Personnel Manual: Employment), 1 Dec 1996, Incorporating Change 5, 25 Mar 2000, DoD Instruction 1400.25, Volume 1231 DoD /Civilian Personnel Management System: Employment of Foreign Nationals; and E.O. 9397(SSN), as amended, AR 608-18, The Army Family Advocacy.

PURPOSE: To assess the suitability of persons and to determine the loyalty, eligibility, and general trustworthiness of individuals working in child (i.e., children under 18 years of age) services positions.

ROUTINE USE: The DoD "Blanket Routine Users" set forth at the beginning of the Army's compilation of systems of records notices also apply to this system.

DISCLOSURES: Voluntary; however, failure to furnish all requested information will result in disapproval of the child services application or continued service in child services position.

SECTION I - REQUEST TYPE

Personnel Category:			Request Type:	New	Reverification	Transfer
Fiduciary Responsibility:	Yes	No	Driving Responsibility:	Yes	No	Anticipated Start Date:

SECTION II – REQUESTING OFFICE INFORMATION

Garrison:	Installation:	Directorate/Organization:
Requester Name:	Requester Telephone:	Requester E-mail:

SECTION III – SUBJECT’S INFORMATION

SSN:	Prefix/Rank:	Last Name:	First Name:	Middle Name:	Maiden Name:
Postfix/Suffix:	Birth Date MM/DD/YYYY:	Birth Country:	Birth State:	Birth City:	
Citizenship Docs: (personnel req. INV)		Primary E-mail:	Secondary E-mail:		
Primary Phone:		Secondary Phone:			
Current Street Address:	Current City:	Current State:	Current Zip Code:	Current Country:	
Functional Program:	Employment Location:		Employment Position:		

COMPLETE THIS SECTION ONLY IF THIS IS A TRANSFER FILE

Approximate Year Background Check Completed:	Completed by (check one): CDE CPAC	Name of Losing Garrison/Installation:
--	---------------------------------------	---------------------------------------

ONLY COMPLETE THIS SECTION FOR VOLUNTEERS, CONTRACTORS (SHORT DURATION) AND OTHER CATEGORIES (FINGERPRINTS)

Date fingerprint completed (MM/DD) :	Date hard copy mailed (when LIVESCAN is down):	Method of delivery:	Tracking number:
---	---	---------------------	------------------

SECTION IV – FAMILY CHILD CARE/EMERGENCY PLACEMENT CARE

For each person listed below requiring initial check or reverification of checks, refer to the IMCOM Worksheet 30A for required documents.
List additional Family Members on a separate sheet of paper and include Category, Name, SSN, DOB and POB

Category:	Name:	SSN #:	Birth Date:	Birth Place:
Category:	Name:	SSN #:	Birth Date:	Birth Place:
Category:	Name:	SSN #:	Birth Date:	Birth Place:
Category:	Name:	SSN #:	Birth Date:	Birth Place:

SECTION V – ONLY COMPLETE IF CENTRALIZED CONTRACT

Contractor/POC for PSIP purposes:	E-mail:
Remarks Section (Please note any special requests):	
Name and signature of Functional Manager:	Date Submitted:
CDE Received (Name and Signature):	Date Received:

ADAPCP CLIENT'S CONSENT STATEMENT FOR RELEASE OF TREATMENT INFORMATION

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

SECTION A - CONSENT

I, _____, this _____ day of _____, 20____,
 (client's full name)
do hereby voluntarily consent to the release of the following information by HQDA ASAP
 (name of installation ADAPCP)
pertaining to my identity, diagnosis, prognosis, or treatment from any Army record maintained in connection with
alcohol or other drug abuse education, training, treatment, rehabilitatiton, or research to Child/Youth Svcs Suitability Prog
_____ for the purpose of completing a background check requirement in accordance with
Department of Defense Instruction 1402.05 and Army Directive 2014-23.

_____ namely,
_____ ***** see above***** _____
 (extent or nature of information to be disclosed)

SECTION B - EXPIRATION/REVOCATION

(Check applicable paragraph)

1. ☒ I understand that this consent automatically expires when the above disclosure action has been taken in reliance thereon and that, except to the extent that such action has been taken, I can revoke this consent at any time.

- Or -

(For disclosure to civilian criminal justice officials under the provisions of paragraphs 6-9b(4)(b) and 6-10e(3), AR 600-85)

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

Further, I understand that if my release from confinement, probation, or parole is conditioned upon my participation in the ADAPCP, I cannot revoke this consent until there has been a formal and effective termination or revocation of my release from such confinement, probation, or parole.

SIGNATURE OF CLIENT

DATE

NAME OF WITNESS (Type or print)

SIGNATURE

DATE

SECTION C - APPROVAL AUTHORITY FOR RELEASE OF INFORMATION

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

In my judgment, the release of an evaluation of the present or past status of _____
 (client's name)
in the alcohol or other drug treatment and rehabilitation program will not be harmful to him/her.

NAME OF MEDCEN/MEDDAC COMMANDER OR DESIGNATED REPRESENTATIVE (Type or print)

DATE

SIGNATURE

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://dpcl.d.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570012/a0215-fmwrc.aspx>

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

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

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://dpcl.d.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		
3. DATE OF BIRTH (MM/DD/YYYY)		4. INSTALLATION/PROGRAM NAME			5. DATE OF HIRE
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/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					
(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)	
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)

INSTRUCTIONS

This Department of Defense Form is to be completed by prospective employees, volunteers, DoD Contractors, FCC providers, and adults residing in the 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 arrested, charged, or convicted by Federal, State, or other Local authorities for any violation of any Federal law, Military law, State law, County or Municipal law, Regulation or Ordinance, nor have they been 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. Employees and volunteers of DoD Child Development and Youth Programs must update this form on an annual basis.

Completion of this form is voluntary; however, failure to furnish all requested information may result in an unfavorable adjudication decision and may affect suitability of working with or around children.

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 or DoD program where you seek employment or to volunteer; if operating a FCC program, or residing in a FCC home, provide the location of the FCC home.
5. Provide the date of hire.
6. Place an X in the appropriate box if you have or have not been convicted by Federal, State, or local authorities for any violation of any Federal law, Military law, State law, County or Municipal law, Regulation or Ordinance, 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.)*

If you answered "Yes," explain your answer in the space provided below.

If additional space is needed, use block 9.

7. *Sign and Date.*
8. On an annual basis, circle the appropriate response indicating if you have been arrested, apprehended, charged, or convicted by Federal, State, or local authorities for any violation of any Federal, Military, State or local Authorities or met the Family Advocacy criteria for child maltreatment. Applies to employees and volunteers of DoD Child Development and Youth Programs.
9. Use this space for additional comments, if needed, for Blocks 6 and 8.
10. Sign and date.

**IMCOM-HQ Child & Youth Services (CYS) VOLUNTEER SPORTS AND FITNESS
COACH JOB DESCRIPTION – Page 1**



Organization:	IMCOM-HQ, Child & Youth Services (CYS) Sports and Fitness (SF)
Position Title:	CYS Sports and Fitness Volunteer Coach
Summary:	<i>A good coach improves your game. A great coach improves your life – Michael Josephson</i>
Duties:	Teach proper skills, fundamentals of rules, strategies and procedures needed to participate in a specified sport in accordance with the CYS requirements. Be present at scheduled practices and games at least fifteen minutes before the scheduled starting time. Inform CYS 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 property, role model appropriate behavior (e.g., Army Values, CYS Statement of Understanding) and abide by the CYS SF philosophy.
Time Required:	Practices are generally held during the period Monday – Friday: 1700-2000 Note: Practices must be conducted IAW CYS guidance Games are generally held Saturday: 0800-1700 Note: Average – one game per week; times vary.
Benefits:	Program is designed to promote positive attitudes and reinforce CYS 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 Child & Youth Services (CYS) 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 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 guidance

Supervisor: CYS Sports and Fitness Director

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

CYS SF Supervisor Signature: _____

CYS, Sports and Fitness Director Name

Coach/Volunteer Signature: _____

CYS Sports and Fitness Volunteer Name

Local Contact Information: EMAIL: _____

DSN Phone: _____

CIV Phone: _____

Emergency Contact: _____

Emergency Contact Phone: _____

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.

CAREGIVER'S CREED

"I am an Army Caregiver, a professional trained in my duties. I serve Department of Defense Families who protect the nation, by protecting their children/youth. I will always provide a safe, nurturing, enriching environment and ensure accountability for children/youth in my care. Never will I put children/youth in harm's way or allow others to do so. I will build trust with parents/guardians so they can concentrate on their mission. I will always treat Families with the dignity and respect they deserve. Army Caregivers are key members of the Army Team. I am an Army Caregiver."

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 CYS 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 CYS 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:

CYS Personnel Signature

Print Name

Date

Year 2:

CYS Personnel Signature

Print Name

Date

Year 3:

CYS Personnel Signature

Print Name

Date

VOLUNTEER AGREEMENT FOR

☐ APPROPRIATED FUND ACTIVITIES


NONAPPROPRIATED FUND INSTRUMENTALITIES

PART I - GENERAL INFORMATION

1. TYPED NAME OF VOLUNTEER <i>(Last, First, Middle Initial)</i>		2. YEAR OF BIRTH
3. INSTALLATION USAG Benelux	4. ORGANIZATION/UNIT WHERE SERVICE OCCURS CHILD, YOUTH AND SCHOOL SERVICES, UNIT 21420	
5. PROGRAM WHERE SERVICE OCCURS YOUTH SPORTS AND FITNESS	6. ANTICIPATED DAYS OF WEEK	7. ANTICIPATED HOURS
8. DESCRIPTION OF VOLUNTEER SERVICES COACH		

PART II - VOLUNTEER IN APPROPRIATED FUND ACTIVITIES

9. CERTIFICATION I expressly agree that my services 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 and agree to participate in any training required by the installation or unit in order for me to perform the voluntary services that I am offering. I agree to follow all rules and procedures of the installation or unit that apply to the voluntary services I will be providing.		
a. SIGNATURE OF VOLUNTEER		b. DATE SIGNED (YYYYMMDD)
10.a. TYPED NAME OF ACCEPTING OFFICIAL <i>(Last, First, Middle Initial)</i>	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

PART III - VOLUNTEER IN NONAPPROPRIATED FUND INSTRUMENTALITIES

11. CERTIFICATION I expressly agree that my services 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 and liability for tort claims as specified in 10 U.S.C. Section 1588(d)(2). 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, and agree to participate in any training required by the installation or unit in order for me to perform the voluntary services that I am offering. I agree to follow all rules and procedures of the installation or unit that apply to the voluntary services that I am offering.		
a. SIGNATURE OF VOLUNTEER		b. DATE SIGNED (YYYYMMDD)
12.a. TYPED NAME OF ACCEPTING OFFICIAL <i>(Last, First, Middle Initial)</i>	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

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

13. AMOUNT OF VOLUNTEER TIME DONATED				14. SIGNATURE		15. TERMINATION DATE <i>(YYYYMMDD)</i>	
a. YEARS <i>(2,087 hours=1 year)</i>	b. WEEKS	c. DAYS	d. HOURS				
16.a. TYPED NAME OF SUPERVISOR <i>(Last, First, Middle Initial)</i>				b. SIGNATURE		c. DATE SIGNED (YYYYMMDD)	

REFERENCE CHECKS

Applicant's Name (LAST, FIRST)	
Reference #1 Name (LAST, FIRST)	
Email Address	
Phone Number	
Initiation Date	
Completion Date	
Manager's Signature	
Reference #2 Name (LAST, FIRST)	
Email Address	
Phone Number	
Initiation Date	
Completion Date	
Manager's Signature	
Applicant's Signature	
Date	



U.S. Army Garrison Benelux -SHAPE
Child & Youth Services (CYS) Volunteer Reference

Facility/Program:	Position:
Name of Applicant:	
Name of Person Providing Reference :	
How long have you known the applicant?	
In what capacity do you know the applicant (i.e. supervisor, friend, colleague, etc.)?	
Date:	
Signature:	

Please rate the Applicant on the following items.	Not Sure	Poor	Fair	Good	Very Good
Ability to work with Children					
Dependability					
Teamwork (working well with others):					
Communication Skills:					

Would you recommend this applicant as a CYS Volunteer?

Additional comments or information if desired:

Child & Youth Services thanks you for taking the time to provide us with the above reference!

Telephonic Reference
Date & Time of Call:
Name of CYS Staff conducting check:



U.S. Army Garrison Benelux -SHAPE
Child & Youth Services (CYS) Volunteer Reference

Facility/Program:	Position:
Name of Applicant:	
Name of Person Providing Reference :	
How long have you known the applicant?	
In what capacity do you know the applicant (i.e. supervisor, friend, colleague, etc.)?	
Date:	
Signature:	

Please rate the Applicant on the following items.	Not Sure	Poor	Fair	Good	Very Good
Ability to work with Children					
Dependability					
Teamwork (working well with others):					
Communication Skills:					

Would you recommend this applicant as a CYS Volunteer?

Additional comments or information if desired:

Child & Youth Services thanks you for taking the time to provide us with the above reference!

Telephonic Reference
Date & Time of Call:
Name of CYS Staff conducting check: