



**PETERSON YOUTH SPORTS AND FITNESS**  
**Volunteer Coaching Application**

Current Season Applying For: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Personal info:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Mailing Address/City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

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

**Military Affiliation:**

Branch of Service (circle one):

Civilian Air Force Army Navy Marines Retired Dep

**Coaching Position Requested (circle one):** Head Coach Assistant Coach

Age/Division (circle one): 5-6 7-8 9-10 11-12 13-15 16-18

1. Have you coached for Peterson Youth Center before (circle one)? Yes No

If so, which sport(s): \_\_\_\_\_

2. Which sport would you like to coach?

3. NAYS ID #

Cheer Basketball Soccer Baseball Flag Football Indoor Soccer

3. Do you have a coach with whom you would like to coach with? \_\_\_\_\_

4. Do you have a child playing in the age division that you are requesting to coach? Yes No

If so, child's name: \_\_\_\_\_

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

OMB No. 0704-0516  
OMB approval expires:  
20241031

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 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://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>
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<b>3. DATE OF BIRTH</b> (YYYYMMDD)	<b>4. INSTALLATION/PROGRAM NAME</b>	<b>5. DATE OF HIRE</b> (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.**

<b>CHILD ABUSE/NEGLLECT:</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.

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

OMB No. 0704-0586  
 OMB Approval Expires:  
 20231031

The public reporting burden for this collection of information, OMB Control Number 0704-0586, is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 34 U.S.C. 20351 (Crime Control Act of 1990); DoDI 1402.05, Background Checks on Individuals in DoD Child Care Services Programs; and E.O. 9397 (SSN), as amended.  
**PRINCIPAL PURPOSE(S):** To require all individuals who provide child care services, as defined by Section 20351 of 34 U.S.C. (Crime Control Act of 1990), to undergo an Installation Records Check (IRC).  
**ROUTINE USES:** The Routine Uses are listed in the applicable system of records notices found at:  
**Army:** A0215-3 SAMR, NAF Personnel Records (<https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570010/a0215-3-samr/>) and A0690-200 DAPE, Department of the Army Civilian Personnel Systems (<https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570099/a0690-200-dape/>)  
**Navy and Marine Corps:** NM 01754-3, DON Child and Youth Program, (<https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570428/nm01754-3/>)  
**Air Force:** F034 AF SVA C, Child Development/Youth Programs Records (<https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569755/f034-af-sva-c/>)  
**Defense Logistics Agency:** S400.20, Day Care Facility Registrant, Applicant and Enrollee Records, (<https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570257/s40020/>) and  
**National Security Agency:** GNSA 19, NSA/CSS Child Development Services, (<https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570520/gnsa-19/>)  
 This release will be initiated by office or installation staff responsible for the oversight of individuals who provide child care services to children under the age of 18. Once completed, the form will be maintained by the Human Resource (HR) or Security Offices.  
**DISCLOSURE:** Voluntary; however, failure to provide all the requested information could preclude employment or continued service in a child care services program position, and may form the basis for withdrawal of a tentative (conditional) job offer, removal from a position and/or the federal service or prohibition from working with or around children.

**SECTION I. SUBJECT'S INFORMATION**

1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements)		2. OTHER NAME(S) USED (e.g., maiden name, nickname, birth name)	
3. PLACE OF BIRTH (City, State, Country)		4. DATE OF BIRTH (MM/DD/YYYY)	5. SOCIAL SECURITY NUMBER
6. CURRENT ADDRESS (Street, City, State, Zip Code)			

**SECTION II. AUTHORIZATION AND RELEASE CERTIFICATION (To be signed by Subject or Parent/Legal Guardian)**

I hereby authorize the DoD to conduct an IRC, which includes the release of information pertaining to me within military law enforcement records, the Defense Central Index of Investigations (DCII) and information pertaining to Family Advocacy Program (FAP) records (child and/or domestic abuse) maintained in the FAP Central Registry. I also authorize the other Services within DoD to release the same information listed above from their systems of record for the purposes of completing the IRC. I understand that this consent does not expire and may be utilized to conduct periodic re-verification checks. I also understand that except to the extent such action has been taken, I can revoke my consent at any time but this may preclude my continued service in a Child Care Services position. I understand that pursuant to the Privacy Act, the information collected will be confidential and disclosure limited to purposes authorized under the Privacy Act. I understand that I may request a copy of such records as may be available to me under the law, and that I have a right to challenge the accuracy and completeness of any information contained in the results of the background checks. I release any individual, including records custodians, any component of the United States Government, or the individual supplying information, from all liability for damages that may result on account of compliance or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assignees, associates, and personal representatives of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

7a. PRINT NAME (Subject or Parent/Legal Guardian)	7b. DATE (MM/DD/YYYY)	7c. SIGNATURE (Subject or Parent/Legal Guardian)
7d. EMAIL ADDRESS		7e. PHONE NUMBER

**SECTION III. POSITION AND BACKGROUND CHECK INFORMATION**

8a. COMMAND / INSTALLATION / ORGANIZATION		8b. POSITION HIRE / START DATE (estimated) (MM/DD/YYYY)	
8c. POSITION CATEGORY			
<input type="checkbox"/> Civilian Employee (APF)	<input type="checkbox"/> Civilian Employee (NAF)	<input type="checkbox"/> Contractor	<input type="checkbox"/> In-Home Care Providers (Respite Care, Foster Care, Family Child Care)
<input type="checkbox"/> Military Personnel	<input checked="" type="checkbox"/> Volunteer	<input type="checkbox"/> In-Home Care Family Members	<input type="checkbox"/> Teen Employee
<input type="checkbox"/> Junior Reserve Officer (JROTC) Instructor	<input type="checkbox"/> Other		

**SECTION IV. INSTALLATION RECORDS CHECK**

*(To be completed based on service specific procedures)*

**9. FAMILY ADVOCACY PROGRAM**

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

Date initiated: \_\_\_\_\_ Date Completed: \_\_\_\_\_

No record of applicant  Record on file

Met criteria incident found:  Yes  No

Remarks: \_\_\_\_\_

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

9a. Printed Name of Certifying Official: \_\_\_\_\_

9b. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**10. INSTALLATION LAW ENFORCEMENT**

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

Date initiated: \_\_\_\_\_ Date Completed: \_\_\_\_\_

No record of applicant:  Record on file:

Any derogatory information found:  Yes  No

Remarks: \_\_\_\_\_

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

10a. Printed Name and Title: \_\_\_\_\_

10b. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Date initiated: \_\_\_\_\_ Date Completed: \_\_\_\_\_

No record of applicant:  Record on file:

Any derogatory information found:  Yes  No

Remarks: \_\_\_\_\_

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

11a. Printed Name and Title: \_\_\_\_\_

11b. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 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 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
4. TELEPHONE NUMBER (Include Area Code)		5. E-MAIL ADDRESS

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

6. INSTALLATION/COMPONENT ACTIVITY	7. ORGANIZATION/UNIT WHERE SERVICE OCCURS	8. PROGRAM WHERE SERVICE OCCURS	9. ANTICIPATED DAYS OF WEEK	10. ANTICIPATED HOURS
Peterson SBD	21 FSS / FSYY	Youth Sports	3 days/wk	Max 2 hrs/day

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)
Wade, Carlos F.		

## 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)	
		Wade, Carlos F.			

**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.





## COACHES CODE OF ETHICS

I hereby pledge to live up to my certification as a NYSCA Coach by following the NYSCA 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 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.

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Coach Signature

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Date

# COACHES REFERENCE CHECK

**Coaches Name:**

- REFERENCE NAME:
- CONTACT DATE:
- PHONE:
- EMAIL:

- Do you recommend the individual to coach Youth Sports?

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- Do you trust the individual around your kids?

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- Do you know of any reason the individual should or should not coach Youth sports?

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- Additional Comments

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**Carlos F. Wade Sr.**  
**Sports & Fitness Director**

# COACHES REFERENCE CHECK

**Coaches Name:**

- REFERENCE NAME:
- CONTACT DATE:
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- Do you recommend the individual to coach Youth Sports?

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- Do you know of any reason the individual should or should not coach Youth sports?

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- Additional Comments

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**Carlos F. Wade Sr.**  
**Sports & Fitness Director**

## SPECIAL TASK CERTIFICATION AND RECURRING TRAINING

TASK OR RECURRING TRAINING AND TECHNICAL REFERENCES A.	DATE COMPLETED B.	SIGNATURE OF CERTIFYING OFFICIAL C.	INITIAL OF TRAINEE D.	EVALUATION OF TRAINING			
				SCORE OR HOURS E.	TYPE F.	FREQUENCY G.	DUE DATE H.
Child Abuse Identification and Reporting Requirements and Problematic Sexual Behavior				1			
Concussions- Cause, Prevention, Recognition, and Response (if applicable to the position)							
Developmentally Appropriate Practices-Sports Specific Training include age-appropriate abilities				1			
Positive Guidance and Appropriate Touch				1			
Safety and Health				1			
Fire Prevention and Emergency Preparedness				1			
Applicable Regulations				1			
Safe Infant Sleep Practices/SIDS (if applicable)	NA			.5			
CPR (if applicable)							
First Aid (if applicable)							
Supervision and Accountability							
Professional Conduct and Confidentiality							
NAYS Coaching Certification							
Role of Volunteer/Contractor/Coach							
Working with Children with Special Needs (if applicable)							
NAME OF TRAINEE (Last, First, Middle Initial)			GRADE	PROGRAM <b>Specified Volunteer/Contractor/Coach Annual 2023</b>			

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Current as of Jan 22



Provide opportunities for choices  
Establish limits and rules  
Anticipate and prevent challenging behaviors

Reinforce positive behavior  
Redirect children to a more appropriate activity  
Use logical and natural consequences  
Conflict resolution  
Encourage communication skills  
Model prosocial behaviors  
Be in control without being overly controlling

**INAPPROPRIATE GUIDANCE:** Physical punishment, psychological abuse, or coercion is not permissible in Child and Youth Programs. The following techniques are unacceptable for use by any adult, to include parents:

- \*Spanking, slapping, biting, grabbing, hitting, pinching, yanking, shoving, shaking, pulling hair or any other physical abuse
- \*Threats, name-calling, sarcasm, belittling, teasing, or any other verbal abuse
- \* Isolation from adult contact or sight
- \*Confinement in closets, boxes, or other similar places
- \*Binding or restraining movement of limbs
- \*Taping the mouth shut
- \*Withholding meals, snacks, toileting, outdoor play, or rest time
- \* Forcing food while eating
- \*Allowing children/youth to remain in soiled or wet clothing in soiled clothing
- \*Intimidating a child with facial expressions, tone of voice, or a physical presence (ex. Finger pointing, standing over them)
- \*Touching children in an uncomfortable or inappropriate way (e.g., kissing, tickling, forced good-bye hugs, fondling, or touching genitals (except when necessary to clean a child that has soiled who has soiled themselves)
- \*Coercion or other forms of exploitation of a child's lack of knowledge

**VIOLATIONS:**

All violations are reported to the Family Advocacy Office.

A Reportable Incident is provided to AFSVC/VCY within 24 hours of the incident when a CYP personnel is involved.

CYP personnel are removed from their positions until all investigations have been completed.

DEPARTMENT OF AIR FORCE



CHILD AND YOUTH  
PROGRAMS

CYP personnel may be removed from their position or may be re-trained depending on the outcome of the investigation.

# Peterson Coaches Rating

Coach Name:	NAYS Coach ID#:	Sport:
<b>YOUR INFORMATION (will not be shared with coach)</b>		
Military Affiliation :	Experience :	
Phone: (     )	Email:	

<b>RATE YOUR COACH ON THE FOLLOWING SCALE:</b>
1=Never 2=Seldom 3=Occasionally 4=Frequently 5=Almost Always 6=Always

- How frequently does your coach exemplify good sportsmanship?
- How frequently does your coach communicate in a positive and non-threatening fashion with the officials?
- How frequently does your coach communicate with parents?
- How frequently does your child's expose players to a variety of positions?

<b>RATE YOUR COACH ON THE FOLLOWING SCALE:</b>
1=Very poor 2=Poor 3=Fair 4=Good 5=Very good 6=Excellent

- How would you rate your coach's ability in teaching the importance of good sportsmanship to all the players?
- How would you rate your coach's concern for player safety?
- How would you rate your coach's ability to effectively schedule water breaks throughout practice?
- How would you rate your coach's understanding of the importance of stretching and conditioning to help reduce the chances of injuries occurring?
- How would you rate your coach's knowledge on recognizing when a skill is performed incorrectly and making the necessary adjustments to help the child?
- How would you rate your coach's knowledge of the rules of the sport?
- How would you rate your coach's effectiveness at running practice drills that keep all the children involved at all times?
- How would you rate your coach's availability to discuss any problem or issue with parents?
- How would you rate your coach's ability to handle discipline problems?
- How would you rate your coach's ability to motivate the players?

<b>RATE YOUR COACH ON THE FOLLOWING SCALE:</b>
1= Definitely not interested 2= Probably not interested 3= Maybe not interested 4= Maybe interested 5= Probably interested 6= Definitely interested

- Would you recommend this coach to coach again in the future?

Additional Comments:
Carlos F. Wade Sr. Youth S&F Director