



YOUTH SPORTS COACHING APPLICATION

Date of Application: _____ Branch of Service: _____
Rank: _____

Name: _____

Address: _____

Home/Cell #: _____

E-Mail: _____

Are you 18 or older? ☐ Yes ☐ No Sex: ☐ Male ☐ Female

What is your highest level of education? _____

Work History (Start with the most recent first):

Company	Position	Dates	
		From:	To:
		From:	To:
		From:	To:

Have you ever been convicted of a felony or crime involving children, Youth, drugs, or alcohol? ☐ Yes ☐ No (If yes, please explain): _____

Have you ever been investigated for child and/or spouse abuse OR neglect? ☐ Yes ☐ No (If yes, please explain): _____

Do you have any medical conditions that may affect your ability to coach? ☐ Yes ☐ No (If yes, please explain): _____

List the sport(s) you are applying to coach: _____

Have you had any experience coaching this sport? ☐ Yes ☐ No

Number of Years: _____ Age Level: _____

Why do you want to coach this sport? (Please be specific): _____

Have you enrolled in the Volunteer Management System (VMIS), www.mymvonesource.com (this is mandatory) YES / NO

Have you participated/played this sport? ☐ Yes ☐ No _____ # of Years

What other sports have you played/Coached? (List the sport(s) and # of years below):

Sport(s) played/Coached	# of Years	Age level	Sponsoring Agency

Have you had any formal training as a coach? ☐ Yes ☐ No (If yes, please specify): _____

Please rate your knowledge of the following with regard to this sport. Mark the appropriate # (1 = little or no knowledge 2 = fairly good knowledge 3 = Expert):

Skills & strategies of the sport	1	2	3
Rules of the sport	1	2	3
Organizing practices	1	2	3
Equipment needs and specifications	1	2	3
Injury prevention and treatment	1	2	3
Legal duties	1	2	3
Developing sportsmanship	1	2	3
Communications skills	1	2	3
Physical conditioning techniques	1	2	3
Working with parents	1	2	3
Principles for teaching sports skills	1	2	3
Time management	1	2	3

List the Full Names, Emails and Telephone Numbers of two references, who can attest your coaching potential. (One should be your most recent supervisor)

Name:	Email:	Phone:
Name:	Email:	Phone:

Applicant signature and Date: _____
Please print: _____

INSTALLATION MANAGEMENT COMMAND

BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION - CHILD SERVICES POSITIONS

This Self-Admission is being requested IAW Army Directive 2014-23 and DODI 1402.05, proponent is G9

PRIVACY ACT STATEMENT

AUTHORITY: 42 USC 13041 and 10 USC 3013, Public Law 101-647, Section 231 (Crime Control Act of 1990); DODI 1402.05 (Background Checks on Individuals in 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, August 24, 2012; DODI 1400.25, Subchapter 1403 (DoD Civilian Personnel Manual: Employment), December 1 1996, Incorporating Change 5, March 25, 2000; DODI 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. This form meets the initial pre-screening requirement and ongoing self-reporting requirements of the SA Directive 2014-23 and DODI 1402.05 for all child services positions and is used in lieu of the DD 2981.

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. Uses can be found online at: <http://dpdcd.defense.gov/Privacy/SORNsIndex/blanketRoutineUses.aspx>.

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.

1. Name: (Last, First and Middle Name-Do not use initials or abridgements)	2. Other Name(s) Used:
3. Installation/Program Name:	4. Date of Hire: (to be filled out by FMgr)

INITIAL CERTIFICATION

5. STATEMENT OF ADMISSION Use your **initials** to mark yes or no for each category. Include all offenses, even if they were dismissed. If you answer "yes", explain your answer in block 6.

Initial
YES NO

a. Have you ever been arrested, apprehended, charged, convicted or had any other disposition of criminal charges (e.g., proceedings under the UCMJ (courts-martial or Article 15 non-judicial punishment)) by any Federal, State or other Law enforcement authorities for any violation of any Federal law, Military law, State law, County or Municipal law, Regulation or Ordinance? Do you have any pending criminal charges against you or are in a diversion program? (If you are 18 and above, do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.)	(1) Involving a Child (under age 18)		
	(2) Sex Crime		
	(3) Drug/Alcohol		
	(4) Domestic Violence		
	(5) Violent Crime/Assaultive Behavior		
	(6) Other		
b. Have you ever been the subject of a substantiated child abuse/neglect case or are you currently the subject of an allegation of abuse/neglect?			
c. For FCC/HOPS/Foster Care Providers: Have any of the individuals residing in your home ever been arrested, apprehended, charged or convicted for any of the offenses listed above?		N/A	

6. Month/Year	Offense	Action Taken/Disposition	Law Enforcement Authority or Court	State	Zip Code

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

7. Initial Certification I certify the information provided above is accurate. I declare under penalty of perjury the statements made by me on this form are true, complete and correct.

8. SELF REPORTING REQUIREMENT In addition to this initial certification, I understand it is my responsibility to immediately inform my employer/supervisor if I am arrested, apprehended, charged or held for a crime or issue referenced in block 5 above.

WARNING: "False statements are punishable by law and could result in fines and/or imprisonment for up to five years."

Signature:

Date:

9. Name: (Last, First and Middle Name-Do not use initials or abridgements)	10. Other Name(s) Used:

ANNUAL OR SELF-REPORT CERTIFICATION

11. STATEMENT OF ADMISSION Use your initials to mark yes or no for each category. Include all offences, even if they were dismissed.
If you answer "yes", explain your answer in block 12.

YES NO

a. Since the date you last signed, have you ever been arrested, apprehended, charged or convicted or had any other disposition of criminal charges (e.g., proceedings under the UCMJ (courts-martial or Article 15 non-judicial punishment)) by any Federal, State or other Law enforcement authorities for any violation of any Federal law, Military law, State law, County or Municipal law, Regulation or Ordinance? Do you have any pending criminal charges against you or are in a Diversion Program? (If you are 18 and above, do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.)	(1) Involving a Child (under age 18)		
	(2) Sex Crime		
	(3) Drug/Alcohol		
	(4) Domestic Violence		
	(5) Violent Crime/Assaultive Behavior		
	(6) Other		
b. Have you ever been the subject of a substantiated child abuse/neglect case or are you currently the subject of an allegation of abuse/neglect?			
c. For FCC/HOPS/Foster Care Providers: Have any of the individuals residing in your home ever been arrested, apprehended, charged or convicted for any of the offenses listed above?		N/A	

12. Month/Year	Offense	Action Taken/Disposition	Law Enforcement Authority or Court	State	Zip Code

Note: If more than two offenses, provide above information on a separate sheet. ☐ More information provided on separate sheet (check if applicable)

13. I certify the information provided above is accurate. I declare under perjury of penalty the statements made by me on this form are true, complete and correct. In addition to this initial certification, I understand it is my responsibility to immediately inform my employer/supervisor if I am arrested, apprehended, charged or held for a crime or issue referenced in block 11 above.

WARNING: "False statements are punishable by law and could result in fines and/or imprisonment for up to five years."

<input type="checkbox"/> Annual	<input type="checkbox"/> Self-Report	Signature: 	Date:
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ANNUAL OR SELF-REPORT CERTIFICATION

14. STATEMENT OF ADMISSION Use your initials to mark yes or no for each category. Include all offences, even if they were dismissed.
If you answer "yes", explain your answer in block 15.

YES NO

a. Since the date you last signed, have you ever been arrested, apprehended, charged or convicted or had any other disposition of criminal charges (e.g., proceedings under the UCMJ (courts-martial or Article 15 non-judicial punishment)) by Federal, State or other Law enforcement authorities for any violation of any Federal law, Military law, State law, County or Municipal law, Regulation or Ordinance? Do you have any pending criminal charges against you or are in a Diversion Program? (If you are 18 and above, do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.)	(1) Involving a Child (under age 18)		
	(2) Sex Crime		
	(3) Drug/Alcohol		
	(4) Domestic Violence		
	(5) Violent Crime/Assaultive Behavior		
	(6) Other		
b. Have you ever been the subject of a substantiated child abuse/neglect case or are you currently the subject of an allegation of abuse/neglect?			
c. For FCC/HOPS/Foster Care Providers: Have any of the individuals residing in your home ever been arrested, apprehended, charged or convicted for any of the offenses listed above?		N/A	

15. Month/Year	Offense	Action Taken/Disposition	Law Enforcement Authority or Court	State	Zip Code

Note: If more than two offenses, provide above information on a separate sheet. ☐ More information provided on separate sheet (check if applicable)

16. I certify the information provided above is accurate. I declare under perjury of penalty the statements made by me on this form are true, complete and correct. In addition to this initial certification, I understand it is my responsibility to immediately inform my employer/supervisor if I am arrested, apprehended, charged or held for a crime or issue referenced in block 14 above.

WARNING: "False statements are punishable by law and could result in fines and/or imprisonment for up to five years."

<input type="checkbox"/> Annual	<input type="checkbox"/> Self-Report	Signature: 	Date:
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INSTALLATION MANAGEMENT COMMAND (IMCOM) BACKGROUND CHECK CONSENT

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

PRIVACY ACT STATEMENT

AUTHORITY: 42 USC 13041 and 10 USC 3013, Public Law 101-647, Section 231 (Crime Control Act of 1990); DODI 1402.05 (Background Checks on Individuals in 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), DoD 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, August 24, 2012, DoD Instruction 1400.25, Subchapter 1403 (DoD Civilian Personnel Manual: Employment), December 1 1996, Incorporating Change 5, March 25, 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. Uses can be found online at: <http://dpcl.dod.mil>

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.

1. I understand that Army Directive 2014-23 and IMCOM policy requires the record screening outlined in paragraph 2 below, and that without favorable completion of these checks, I may not be allowed to work or volunteer in child services positions supporting Army programs and activities.

2. The following background checks are required: Army Law Enforcement (to include Army Law Enforcement Reporting and Tracking System, Army Crime Records Center and Defense Central Investigation Index), Medical Treatment Facility Army Central Registry, Army Substance Abuse Program, FBI Fingerprint check and any other records as appropriate and to the extent permitted by law (e.g. other military service criminal records, other service child abuse registries, sex offender registries, state child abuse registry, etc.). The following are also required as applicable to the personnel category; National Agency Check with Inquiries (or higher level investigation) and State Criminal History Repository.

3. I further understand that the purpose of these background checks is to identify anyone applying for child services positions that have instances of reported misconduct involving children, assaultive behavior, substance abuse, larceny, or other misconduct which would be inconsistent with working or volunteering within child services positions.

4. I agree that IMCOM may initiate these checks, receive the resulting information, and conduct periodic re-verifications so that I may work or volunteer in child services positions. Periodic re-verification checks are required in 1/3/5 year cycles based on personnel category IAW Army policy. Re-verifications may also be required to authenticate issues that surface during a person's employment/service.

APPLICANT'S INFORMATION

Applicant's Full Name: (Last, First, Middle Name)

Social Security Number: (SSN)

Maiden Name:

Any Other Names Used by Applicant:

Applicant's Date of Birth: (MM/DD/YYYY)

Applicant's Place of Birth: (City, State, Country)

Applicant's Current Address: (Street, City, State, County)

DOD AFFILIATION DISCLOSURE

1. Do you have a current or previous DoD affiliation: (i.e. Have you lived or worked on a DoD installation or had a prior or current association, relationship, or involvement with the DoD or any elements of DoD including the Military Departments) (If yes, indicate service and approximate dates)

☐ US Army

☐ US Air Force

☐ US Navy

☐ US Marines

☐ Other DoD Agency

From and To dates:

From and To dates:

From and To dates:

From and To dates:

From and To dates:

☐ I have never previously been affiliated with the U.S. Military and/or DoD: (e.g. Never lived or worked on a DoD installation or had prior or current association, relationships, or involvement with DoD or any elements of DoD, including the Military Departments).

2. If you have ever had a Military or Civilian sponsor (other than yourself) provide the sponsor's name, Social Security Number and check which branches of the service your sponsor has worked for as an active duty member or Civilian: (not applicable for non DoD affiliation)

Name of Sponsor (other than yourself), provide the sponsor's name

Sponsor's Social Security Number

☐ US Army

☐ US Air Force

☐ US Navy

☐ US Marines

☐ Other DoD Agency

SIGNATURES

Applicant Signature:

Date Applicant signed:

If the applicant is a minor, a Parent or Legal Guardian must grant permission below for the background check(s). The Parent or Legal Guardian is certifying they understand the purposes of these pre-employment/volunteer checks and hereby provide consent for the background check(s).

Parent or Legal Guardian's Relationship to Minor, Printed Name and Signature:

Date Parent or Legal Guardian Signed:

Note: A false statement rendered by an applicant may result in adverse action up to and including removal. Under 18 U.S. Code 1001, the federal punishment for perjury is fine or imprisonment for up to 5 years, or both.