



FORT GEORGE G. MEADECHILD & YOUTH SERVICES VOLUNTEER APPLICATION

Date of Application _____ Branch of Service/CIV _____ Rank/Grade _____

Name: (Last, First, Middle): _____

Address: _____

Telephone: _____
 Cell: _____
 Email Address: _____

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

What is your highest level of education? _____

Work History

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

Have you had any experience volunteering with children/youth? Yes No

If you marked "YES", Please List Previous Volunteer History:

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

Do you have children enrolled in CYS? Yes No

Why do you want to volunteer for Fort Meade Child & Youth Services (Please be specific):

Please list Skills/Interest/Hobbies (Please check all that apply):

- Administrative/Clerical
 Arts/Crafts
 Computers/Technical
 Special Events/Projects
 Working with children/youth
 Photography
 Volunteer Sports Coach (Please provide specific sport): _____
 Education
 Marketing
 Reading/Writing
 Fundraising
 Other: _____

Please check the organization(s) in which you are interested in volunteering for:

- Saturday Scholar
 Adopt a School
 Child Development Center
 Youth/Teen Center
 SKIES
 School Age Center
 Youth Sports & Fitness
 Other (Please Specify) _____

Reference Information: List the Full Name, email address and Telephone Numbers of two references, who can attest to your character and volunteering potential (One should be your most recent supervisor).

Name:	Email Address:	Telephone Number:
Name:	Email Address:	Telephone Number:

*ALL volunteers will go through a background check process and will be contacted by a CYS Staff member to have Fingerprints scheduled at Garrison Headquarters (4551 Llewellyn Ave). Volunteers must complete Application Form (IMCOM Form 25, and IMCOM Form 23). Upon completion of Application Forms, provide references will be contacted and your application packet will be sent for processing. This process takes anywhere from 4-6 weeks to complete. If you require additional information about the background check process, please contact the CYS Outreach Services Direct at 301-677-1149/1156/1104.

Volunteer Certification:

I, _____, expressly agree that my services are being provided as a volunteer and I will not be an employee of the United States Government or any instrumentality, therefore, except for certain purposes relating to compensation for injuries that may possibly office during my performance approved volunteer services, (appropriate fund volunteers also include, tort claims, the Privacy Act, Criminal conflicts of interest, and defense of certain suits arising out of legal malpractice) (non-appropriate fund volunteers also include, 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 volunteer services. I agree to be bound by the laws and regulations applicable to volunteer service providers and agree to participate in any training required by the installation or unit in order for me to perform voluntary services I will be providing. I am aware of and do agree to the need for confidentiality of individual names, addresses, telephone numbers, cases, etc. who came to my organization for whatever need they might have. I agree that I will keep the names and matter in confidence.

Privacy Statement 1. **AUTHORITY:** Section 1588 of Title 10, U.S. Code, and E.O. 9397. 2. **PRINCIPAL PURPOSE(S):** To document voluntary services provided by an individual, including the hours of service performed, and to obtain agreement from the volunteer on the conditions for accepting the performance of voluntary service. 3. **ROUTINE USES:** Providing information for the Department of Defense and Fort George G. Meade for permanent record, ongoing recognition and statistical purposes. 4. **DISCLOSURE:** Voluntary; however failure to complete the form may result in an inability to accept voluntary services or an inability to document the type of voluntary services and hours performed.

Volunteer Signature: _____ Date: _____

For Office Use Only: Date Application Received _____ Name of Accepting Official (please print) _____ Signature and Date of Accepting Official _____
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**BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION
(Department of Defense Child Care Services Programs)**

OMB No. 0704-0516
OMB approval expires:
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.

1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements.)	2. OTHER NAME(S) USED	
3. DATE OF BIRTH (YYYYMMDD)	4. INSTALLATION/PROGRAM NAME Fort George G. Meade/ Child and Youth Services, Youth Sports	5. DATE OF HIRE (YYYYMMDD)

6. Have you EVER been apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law or Municipal law? (Do not include traffic fines of less than \$300.) In addition, are you aware of a current allegation/investigation of child abuse/neglect or domestic violence by you, or have you otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category. For any YES answers, complete columns 1-6 and provide a complete summary of the incident on page 2, block 9. Summary should include any disposition or potential mitigating information.

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

(a) Month/ Year(MM/YYYY)	(b) Offense	(c) Action Taken	(d) Court or Law Enforcement Agency (City & Country if outside the United States)	(e) State	(f) Zip Code	(g) Date of Self- Report(YYYYMMDD)

7. I certify that the information provided above is accurate. I understand that I must immediately report to my employer/supervisor or Child and Youth Program representative if I am apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law, or Municipal law referenced in block 6. In addition, I will immediately report when I am aware of a current allegation/investigation of child abuse/neglect or domestic violence, or have otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category.

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

Failure to disclose accurate information may be grounds for dismissal, termination, or debarment 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, 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)

ASAP 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 ASAP)

pertaining to my identity, diagnosis, prognosis, or treatment from any Army record maintained in connection with alcohol or other drug abuse education, training, treatment, rehabilitation, 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 10-22 and 10-27, 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 ASAP, 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 <small>(Type or print)</small>	SIGNATURE	DATE

SECTION C - APPROVAL AUTHORITY FOR RELEASE OF INFORMATION

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

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/DHA Commander OR DESIGNATED REPRESENTATIVE <small>(Type or print)</small>	
SIGNATURE	DATE

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 101-847, 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 (YFs), 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, 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://dpctd.defense.gov/Privacy/SORN/Index/Blanket-Routine-Uses/>.

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)	
<input type="text"/>		<input type="text"/>	
Maiden Name:	Any Other Names Used by Applicant:	Applicant's Date of Birth: (MM/DD/YYYY)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Applicant's Place of Birth: (City, State, Country)		Applicant's Current Address: (Street, City, State, County)	
<input type="text"/>		<input type="text"/>	

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)

<input type="radio"/> US Army	<input type="radio"/> US Air Force	<input type="radio"/> US Navy	<input type="radio"/> US Marines	<input type="radio"/> Other DoD Agency
From and To dates:	From and To dates:	From and To dates:	From and To dates:	From and To dates:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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		
<input type="text"/>		<input type="text"/>		
<input type="radio"/> US Army	<input type="radio"/> US Air Force	<input type="radio"/> US Navy	<input type="radio"/> US Marines	<input type="radio"/> Other DoD Agency

SIGNATURES

Applicant Signature:	Date Applicant signed:
<input type="text"/>	<input type="text"/>
<i>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).</i>	
Parent or Legal Guardian's Relationship to Minor, Printed Name and Signature:	Date Parent or Legal Guardian Signed:
<input type="text"/>	<input type="text"/>

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.