

STATUTORY SPECIFIED VOLUNTEER ARMY CHAPLAIN CORPS ACTIVITIES CHILD PROTECTION

As a "statutory specified" volunteer, you are given the privilege of working with children in Army Chaplain Corps activities. With this privilege comes the responsibility to ensure exemplary protection of children. Completing the below requirements protects children, and it gives you the benefits of legal voluntary status with the Army (a protection to yourself). Your chaplain and volunteer coordinator are available to help with this process and any additional requirements. For a smooth start to your voluntary service, please submit to the chaplain (or volunteer coordinator) at least 30 days before your start. Additional time may be needed for background checks needing adjudication. *When a field is required for all people, then it is marked in blue.* If you have a government CAC and email, then you may sign & submit digitally.

- DD Form 2793** – Complete Part I and blocks 12.a-c. When typing is not possible, legible printed writing is acceptable.
- Apply for a volunteer position either using a resume, paper forms, or in Volunteer Management Information System (VMIS).**
 - o If you choose paper forms, then complete DA Form 4162. **SIGN BLOCK 19.a.**
 - Your volunteer coordinator will provide a position description and assist you in tracking your volunteer hours.
 - o If you choose VMIS, go to <https://vmis.armyfamilywebportal.com/>
 - Once you have an account, select your location, chapel, program, and position.
 - This will automatically provide a position description, complete DA Form 4162 and allow you to track your volunteer hours.
- Personal Reference Forms - (2 reference checks required)**
 - o Email the attached reference form (see paperclip symbol in this document, or contact the chaplain's office for a form). Your references are individuals who are not relatives. Each reference completes the form, signs, and returns directly to the chaplain or chapel volunteer coordinator. If your reference has a government then they may sign and return encrypted by email to ejiroghene.j.okosun.ln@army.mil
- Interview** – Your chaplain or chapel volunteer coordinator will talk with you about the position, your interests, and your abilities. To save you time in the interview, you may prefill the attached interview form and bring it with you. If emailing from civilian computer, then do NOT enter DoB, PoB, or SSN.
- DD Form 2981**
 - o Carefully read all instructions (p.3 of DD Form 2981 which is p.8 of this packet) and type to complete all fields.
 - o Notice the disclosure language.
- Annual Child Protection Training**
 - o Unless otherwise instructed, take the Army Chaplains Corps Annual Child Protection at <https://usarlatraining.army.mil/religious-education>
 - o If your device gives errors about certificates, accept these warnings, and proceed. The messages are your civilian device noticing Army tracking.
 - o Deliver a copy of the training completion documents to the Chaplain's Office.
- DA Form 5018-R** – Complete all blocks, sign, and date.
 - o Complete Section A (name and date only). When typing is not possible, legible printed writing is acceptable.
 - o In Section B, ensure "option 1" is checked.
 - o Sign, date, and have a witness sign and date. If the applicant is under 18 years old, the parent/guardian signs.
- DA Form 5671** – Parental Permission
 - o Required for children (up to age 18) who volunteer
 - o All chapel programs are AF programs.
 - o Only complete sections I & II. When typing is not possible, legible printed writing is acceptable.
- Other chapel requirements**
 - o Your chaplain will also arrange appropriate orientation and required training for your position.
 - o Your position description lists any specific licenses or certifications which are required.
 - o To ensure clarity of identification, individuals with complete and favorable background checks will be identified in a tangible way
 - o Any signatures on your forms must be either digitally using a government CAC or hand signed on hard copy.
- FBI Fingerprint Checks** – Coordinate with your chaplain for fingerprints taken by the Commander's Designated Entity (CDE) or Security Officer. You will need your passport or military ID. Instructions will be given by the Chaplain's Office.
- Notify** the chaplain or chapel volunteer coordinator if you have been overseas for more than 3 years or are a citizen of another nation. They will coordinate to arrange appropriate additional checks which might be required.
- Additional requirements from your Commander are listed below:**

1. You will be notified by your chaplain sponsor or chapel volunteer coordinator when your background check is complete (probably within 2 weeks). Once you get notified, bring your completed Child Protection Training Certificate (see Annual Child Protection Training above) to the Chaplain's Office and sign for a child protection badge. You will need to wear your badge when working in chapel programs with children.
2. If you are volunteering for a Non-Federal Entity (Private Organization), please see your organization for correct agreements.

Before you provide service with children, these documents and checks must be complete and determined to be suitable. Compliance with these requirements is IAW AD 2014-23 and is critical to ensure the health, safety, and well-being of children.

Privacy Act Statement

1. AUTHORITY: The information is being collected IAW the provisions of 18 USC§1, 42 USC §14501, and 10 USC§1789.
2. PURPOSE: To perform prescreening, preliminary investigations, and background checks of prospective volunteers in chapels or chapel programs.
3. ROUTINE USES: Information provided is disclosed to members of the DoD who have a need for the information in the performance of their duties. Additionally, the information may be disclosed to federal, state, and local government agencies outside of the DoD specified in "blanket Routine Use", 48 Federal Register 25502.
4. DISCLOSURE: Providing the information is voluntary however failure to provide the required information may result in the inability of this office to conduct the requested checks.

09/23/2022

FOR OFFICIAL USE ONLY

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://dpclid.defense.gov/Privacy/SORNSIndex/DoD-wide-SORN-Article-View/Article/570084/a0608b-cfsc/>); (2) NM01754-2, DON Family Support Program Volunteers (at <http://dpclid.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://dpclid.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 Name)	2. NAME OF PARENT/GUARDIAN (If volunteer is under age 18) (Last, First Middle Name)	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 Panzer, Patch, RB, Kelley	9. ANTICIPATED DAYS OF WEEK varies by PD	10. ANTICIPATED HOURS 2-20 hr/week based on PD
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11. DESCRIPTION OF VOLUNTEER SERVICES

Serves as a chapel volunteer. See attached position description(s) for details of 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)

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)	

VOLUNTEER SERVICE RECORD

For use of this form, see AR 608-1; the proponent agency is OACSIM.

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC Section 301, Department Regulations; 10 USC Section 3013, Secretary of the Army; and Army Regulation 608-1, Army Community Service Center.

PRINCIPAL PURPOSE: To record essential background information on volunteers to assist in determining qualifications and task assignments. To maintain record of positions held, hours volunteered, training and awards received.

ROUTINE USES: None. The "Blanket Routine Uses" set forth at the beginning of the Army's Complications of System of Records Notices apply to this system.

DISCLOSURE: Voluntary. However, failure to provide the requested information may exclude you from participating in the Army Community Service Volunteer Program.

INSTRUCTIONS: Upon resignation, retirement or transfer, the original of this record will be furnished for the personal file of the volunteer and a duplicate will be maintained at the organization for at least three years. In case of transfer, a duplicate record will be furnished to the gaining organization upon request of the volunteer.

1. NAME OF VOLUNTEER (<i>Last, First, MI</i>)	2. HOME ADDRESS (<i>Street, City, State and ZIP Code</i>) Use APO address.
3. EMAIL ADDRESS	
4. TELEPHONE NUMBERS a. HOME b. WORK c. FAX	5. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	6. DATE OF BIRTH (YYYYMMDD)
7a. SPONSOR NAME	7b. SPONSOR UNIT ADDRESS

8. Mark all the demographic data that applies to the volunteer. Family members of service members should indicate the branch of service and status of the sponsor.

<input type="checkbox"/> SERVICE MEMBER	<input type="checkbox"/> ARMY	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> NAVY	<input type="checkbox"/> MARINE
<input type="checkbox"/> CIVILIAN EMPLOYEE (<i>APF and NAF</i>)	<input type="checkbox"/> OFFICER	<input type="checkbox"/> ENLISTED		
<input type="checkbox"/> ADULT FAMILY MEMBER	<input type="checkbox"/> ACTIVE DUTY	<input type="checkbox"/> RETIRED		
<input type="checkbox"/> YOUTH FAMILY MEMBER (<i>Under age 18 and unmarried</i>)	<input type="checkbox"/> RESERVE	<input type="checkbox"/> GUARD		
<input type="checkbox"/> CIVILIAN (<i>Not connected with the military</i>)	<input type="checkbox"/> DECEASED			

9. CHILDREN AT HOME <input type="checkbox"/> NONE <input type="checkbox"/> PRESCHOOL <input type="checkbox"/> IN SCHOOL	10. INITIAL COMMITMENT <input type="checkbox"/> ONE DAY EVENT <input type="checkbox"/> ONE MONTH EVENT <input type="checkbox"/> THREE MONTHS
11. EDUCATION <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE <input type="checkbox"/> ADVANCED DEGREE	<input type="checkbox"/> SIX MONTHS <input type="checkbox"/> NINE MONTHS <input type="checkbox"/> OTHER

12. WORK EXPERIENCE

13. VOLUNTEER EXPERIENCE

14. SPECIAL SKILLS, INTEREST, HOBBIES

15. POSITIONS HELD		
START DATE (YYYYMMDD)	TYPE OF POSITION	END DATE (YYYYMMDD)

16. AWARDS AND SPECIAL RECOGNITION		
DATE (YYYYMMDD)	TYPE OF AWARD/SPECIAL RECOGNITION	PRESENTED AT

17. TRAINING		
DATE (YYYYMMDD)	TYPE OF TRAINING	HOURS COMPLETED

18. VOLUNTEER ANNUAL HOUR RECORD												
YEAR												
HOURS												

19a. SIGNATURE	19b. DATE (YYYYMMDD)
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**ARMY CHAPLAIN CORPS ACTIVITIES
CHILD PROTECTION PRESCREENING INTERVIEW**
(OFFICIAL DOCUMENT WHEN SIGNED)

VOLUNTEER MILITARY CONTRACTOR CIVILIAN

PART I – GENERAL INFORMATION

1. NAME OF CANDIDATE (Last, First, Initial)	
2. INSTALLATION	3. PROGRAM WHERE SERVICE OCCURS
4. INTERESTED POSITION(S)	
5. RELIGIOUS SUPPORT EMPLOYEE (MIL or CIV) CONDUCTING INTERVIEW (PRINT NAME, RANK, TITLE)	

PART II - INTERVIEW

6. CPR TRAINED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	CERTIFICATE DATE:
7. FIRST AID TRAINED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	CERTIFICATE DATE:
8. CANDIDATE'S REASON FOR SERVICE AND PREVIOUS EXPERIENCE: (Continue on back if needed.)		
9. CANDIDATE'S STRENGTHS FOR WORKING WITH CHILDREN (See CCCPG for definition): (Continue on back if needed.)		
10. HOW CANDIDATE HANDLES FRUSTRATION: (Continue on back if needed.)		
11. OTHER COMMENTS: (Continue on back if needed. INCLUDING SOCIAL SECURITY NUMBER IF EMAILING FROM GOVT)		

PART III Candidate Information for use on IMCOM Form 30

1. Candidate Date of Birth	2. Place of Birth (Country, State, City) & Maiden/other Names
3. Interviewer discussed proof of citizenship documents needed	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Primary Email	5. Secondary Email
6. Primary Phone	7. Secondary Phone
8. Current mailing address (APO)	9. Current physical address

PART IV SIGNATURES

1. SIGNATURE OF CANDIDATE	2. DATE
3. INTERVIEWER: I RECOMMENDED THIS PERSON FOR THIS POSITION(S) <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. SIGNATURE OF INTERVIEWER	5. DATE

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://dpclid.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	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)

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.

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/REVOICATION

(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 6-9h(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 or Parent		DATE
NAME OF WITNESS <i>(Type or print)</i>	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 <i>(Type or print)</i>	DATE
SIGNATURE	

PARENTAL PERMISSION

For use of this form, see AR 608-1; the proponent agency is OACSIM.

SECTION I

I, _____ parent guardian, give my permission for _____ (name of child), to volunteer at _____ USAG Stuttgart RSO (name of agency/activity) on _____ Panzer, Patch, RB, or Kelley (installation) on _____ days that vary by PD (date or day of week) from _____ times that vary by PD (time).

I understand that my child will be performing the following volunteer services.
Serves as a chapel volunteer. See attached position description(s) for details of services.

_____ (Description of volunteer service performed)

SECTION II - FOR APPROPRIATED FUND ORGANIZATIONS

I understand that _____ (name of child) will be performing as a volunteer and he or she is not, because of these services, an employee of the United States Government or any instrumentality thereof (except for certain purposes relating to criminal conflicts of interest, the Privacy Act, tort claims and workman's compensation coverage concerning incidents occurring during the performance of approved volunteer service as specified in 10 USC Section 1588(d)(1)) and shall receive no present or future salary, wages, or related benefits as payment for these volunteer services.

TYPED/PRINTED NAME OF PARENT OR GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

DATE (YYYYMMDD)

SECTION III - FOR NON-APPROPRIATED FUND ORGANIZATIONS

n/a - Army Chapels are AF organizations

I understand that _____ (name of child) will be performing services as a volunteer and he or she is not, because of these services, an employee of the United States Government or any instrumentality thereof (except for certain purposes relating to tort claims and workman's compensation coverage concerning incidents occurring during the performance of approved volunteer service as specified in 10 USC Section 1588(d)(2)) and shall receive no present or future salary, wages, or related benefits as payment for these volunteer services.

TYPED/PRINTED NAME OF PARENT OR GUARDIAN

n/a - Army Chapels are AF organizations

SIGNATURE OF PARENT/GUARDIAN

DATE (YYYYMMDD)

n/a - Army Chapels are AF organizations

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