

**Fort Wainwright, AK**  
**CYS Volunteer Application**

*Thank you for your interest in volunteering with Child & Youth Services (CYS) on Fort Wainwright.*

*Please fill out the following pages and return to the locations below. Once we have contacted your two references, we will contact you, giving further instruction regarding your Installation Background Check.*

*Feel free to contact us at any time with comments, questions, or concerns using the information below.*

*Thank you again!*

*We look forward to having you on our team of volunteers!*

Youth Sports & Fitness  
BLDG 4109, Neely Road  
samantha.l.hebing.naf@army.mil  
907-361-5437

Parent Central Services  
BLDG 3414 Rhineland Ave  
907-353-7713





**Department of the Army**

**RELEASE/CONSENT STATEMENT**

**PRIVACY ACT STATEMENT**

**AUTHORITY: 42 USC 13041 AND 10 USC 3013.**

**PRINCIPAL PURPOSE: TO COMPLY WITH REQUIREMENTS OF PUBLIC LAW 101-647, SECTION 231 (CRIME CONTROL ACT OF 1990), DoDI 1402.05 AND FOR NONAPPROPRIATED FUND, ARMY REGULATION (AR) 215-3.**

**ROUTINE USES: TO INITIATE THE BACKGROUND CHECK REQUIREMENTS OF THE STATUTE AND GOVERNING REGULATION.**

**Type or Print Name (Last, First MI):**

**Section I: Statement of Previous Arrest or Charge:**

1. Have you ever been arrested for or charged with a crime involving a child?  Yes  No
2. Have you ever been asked to resign because of, or been decertified for, a sexual offense?  Yes  No
3. Have you ever been convicted of any offense against the law or forfeited collateral or are you now under charges for any offense against the law? (You may omit: (1) Traffic violations for which you paid a fine of \$300.00 or less unless the violation was alcohol or drug related, and (2) any offense committed before your 21st birthday **which was finally adjudicated in a juvenile court or under a youth offender law.**)  Yes  No

If you answer "yes" to any question above, describe the case disposition below. Include the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved; or if a **military action (to include Article 15)**, the military authority or court involved, and the final disposition of the case; to include fine(s)/amount paid, found guilty or not, loss of rank etc. Be sure to disclose any covered charges or incidents, even if they were expunged, and/or even if you have been advised by your attorney that you do not need to disclose them on employment forms, as they will be identified in the background check process. You must also disclose all covered incidents even if you did so on a previous consent and release form, Optional Form 306, Department of Army Form 3433, or other such document and/or if the incident was previously considered by a Program Review Board or otherwise adjudicated IAW Army guidance. If additional space is needed, please attach a separate sheet of paper as a continuation page and include your printed name at the top and signature and date at the bottom.

Date of Violation/Incident	Explanation of Violation/Incident or Charge	Place of Occurrence	Name and Address of Police Department or Court Involved	If Military, Military Authority or Court Involved	Final Disposition of the Case



**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, 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/REVOCAION**

*(Check applicable paragraph)*

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

- Or -

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

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

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

SIGNATURE OF CLIENT		DATE
NAME OF WITNESS <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	

**VOLUNTEER AGREEMENT FOR**

**APPROPRIATED FUND ACTIVITIES**



**NONAPPROPRIATED FUND INSTRUMENTALITIES**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Section 1588 of Title 10, U.S. Code, and E.O. 9397.

**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.

**ROUTINE USE(S):** None.

**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.

**PART I - GENERAL INFORMATION**

1. TYPED NAME OF VOLUNTEER <i>(Last, First, Middle Initial)</i>		2. SSN	3. DATE OF BIRTH <i>(YYYYMMDD)</i>
4. INSTALLATION <b>USAG Alaska</b>		5. ORGANIZATION/UNIT WHERE SERVICE OCCURS	
6. PROGRAM WHERE SERVICE OCCURS		7. ANTICIPATED DAYS OF WEEK	8. ANTICIPATED HOURS

9. DESCRIPTION OF VOLUNTEER SERVICES

**PART II - VOLUNTEER IN APPROPRIATED FUND ACTIVITIES**

10. CERTIFICATION

I expressly agree that my services are being provided as a volunteer and that I will not be an employee of the United States Government or any instrumentality thereof, except for certain purposes relating to compensation for injuries occurring during the performance of approved volunteer services, tort claims, the Privacy Act, criminal conflicts of interest, and defense of certain suits arising out of legal malpractice. I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits for these voluntary services. I agree to be bound by the laws and regulations applicable to voluntary service providers and agree to participate in any training required by the installation or unit in order for me to perform the voluntary services that I am offering. I agree to follow all rules and procedures of the installation or unit that apply to the voluntary services I will be providing.

a. SIGNATURE OF VOLUNTEER		b. DATE SIGNED <i>(YYYYMMDD)</i>
11.a. TYPED NAME OF ACCEPTING OFFICIAL <i>(Last, First, Middle Initial)</i>	b. SIGNATURE	c. DATE SIGNED <i>(YYYYMMDD)</i>

**PART III - VOLUNTEER IN NONAPPROPRIATED FUND INSTRUMENTALITIES**

12. CERTIFICATION

I expressly agree that my services are being provided as a volunteer and that I will not be an employee of the United States Government or any instrumentality thereof, except for certain purposes relating to compensation for injuries occurring during the performance of approved volunteer services and liability for tort claims as specified in 10 U.S.C. Section 1588(d)(2). I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits for these voluntary services. I agree to be bound by the laws and regulations applicable to voluntary service providers, and agree to participate in any training required by the installation or unit in order for me to perform the voluntary services that I am offering. I agree to follow all rules and procedures of the installation or unit that apply to the voluntary services that I am offering.

a. SIGNATURE OF VOLUNTEER		b. DATE SIGNED <i>(YYYYMMDD)</i>
13.a. TYPED NAME OF ACCEPTING OFFICIAL <i>(Last, First, Middle Initial)</i>	b. SIGNATURE	c. DATE SIGNED <i>(YYYYMMDD)</i>

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

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

**IMCOM-HQ CYS SERVICES VOLUNTEER SPORTS AND FITNESS COACH JOB  
DESCRIPTION – Page 1**



- Organization:** IMCOM-HQ, Child, Youth and School (CYS) Services Sports and Fitness (SF)
- Position Title:** CYS Services Sports and Fitness Volunteer Coach
- Summary:** *A good coach improves your game. A great coach improves your life – Michael Josephson*
- Duties:** Teach proper skills, fundamentals of rules, strategies and procedures needed to participate in a specified sport in accordance with the CYS Services requirements. Be present at scheduled practices and games at least fifteen minutes before the scheduled starting time. Inform CYS Services SF staff members regarding changes, concerns and issues. Keep players and parents informed about all practice and/or games times and any changes. Maintain a focus on sports skill development, recreation, maximum participation of players, and leisure activities. Maintain CYS Services property, role model appropriate behavior (e.g., Army Values, CYS Services Statement of Understanding) and abide by the CYS Services SF philosophy.
- Time Required:** Practices are generally held during the period  
Monday – Friday: 1700-2000  
Note: Practices must be conducted IAW CYS Services guidance
- Games are generally held Saturday: 0800-1700  
Note: Average – one game per week; times vary.
- Benefits:** Program is designed to promote positive attitudes and reinforce CYS Services SF philosophy and Army core values to offer children and youth opportunities to feel competent and instill values associated with the pursuit of skills in sports, fitness, nutrition and recreational activities.

**IMCOM-HQ CYS SERVICES VOLUNTEER SPORTS AND FITNESS COACH JOB  
DESCRIPTION – Page 2**

- Training:** National Youth Sports Coaches Association (NYSCA)  
Child Abuse Reporting, Prevention, Identification and Recognition  
Developmentally Appropriate Practices  
First Aid / CPR Orientation  
Concussion Training
- Orientation:** CYS Services Sports and Fitness Certification Clinic  
Parents Association for Youth Sports (PAYS) Orientation  
Parent Meeting specific to sport meeting being coached
- Qualifications:** Background/clearance check IAW CYS Services guidance
- Supervisor:** CYS Services Sports and Fitness Director
- Assessment:** CYS Services SF Volunteer Coaches will receive feedback through the CYS  
Services SF Director.  
Must be available approximately 4-8 hours per week

**CYS Services SF Supervisor Signature:**

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CYS Services, Sports and Fitness Director

**Coach/Volunteer Signature:**

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CYS Services Sports and Fitness Volunteer

**Contact Information:** 4109 Neely Road, Fort Wainwright 99703 907-361-5437

*CYS Services Sports and Fitness – Bringing out the best in youth*