

YOUTH SPORTS APPLICATION INSTRUCTIONS

Thank you for your interest in coaching for Youth Sports. MCCS Youth Sports Program is committed to providing engaging sporting events that instill Sportsmanship, Teamwork, Self-Esteem, Discipline, Respect, Leadership, and Commitment in our youth participants. Through fundamental basics of athletics, our youth build physical skills, psychological awareness of self, and social networking. These values are important to one's growth in becoming active members of our community and society.

Our program is supported by volunteer coaches. All coaches will be certified in National Alliance for Youth Sports (NAYS) coaching, Child Abuse Prevention & Reporting, American Red Cross CPR/AED & First Aid, as well as have completed background checks. Volunteer eligibility is reflected on the completion of each certification.

Please utilize this checklist to ensure completion, timeliness, and accuracy of your application.

_____ Volunteer Packet

_____ Page 1. YOUTH SPORTS VOLUNTEER APPLICATION – **FULL SSN REQUIRED**

_____ Page 2. ACTIVE DUTY MILITARY MEMBER VOLUNTEERS AUTHORIZATION FORM

_____ SUPERVISOR WILL BE NOTIFIED OF VOLUNTEER COMMITMENTS

_____ SUPERVISOR MUST BE STAFF SERGEANT OR ABOVE

_____ IF CIVILIAN LEAVE BLANK

_____ Page 3. AUTHORITY OF RELEASE

_____ Page 4. DD FORM 2793 **COMPLETE SECTIONS 1-5. and 12a&c. ONLY!!!**

_____ Page 5. DD FORM 3058 (FRONT) **COMPLETE SECTIONS 1-8c.**

_____ Page 6. DD FORM 3058 (BACK) LEAVE BLANK

_____ Page 7. MCAS IWAKUNI LOCAL RECORDS CHECK **COMPLETE SECTIONS 1 and 2**

Once You have completed Pg. 1-7 Submit application to youth sports OMBlwakuni.YouthSports@usmc-mccs.org Once this IS completed in full, you may begin the steps below:

_____ Digital Fingerprints at Human Resources: Schedule an Appointment - <https://outlook.office365.us/book/MCCSIwakuniSuitabilityTeam@Mccsusmc.onmicrosoft.us/?ismsaljsauthenabed=true>

_____ Coaching Orientation. Invite to be sent by Youth Sports.

_____ NAYS MEMBERSHIP

_____ AMERICAN RED CROSS CPR/AED

_____ Child Abuse Prevention and Reporting Course: Building 411 (Library, 2nd Floor), **Every third Tuesday of the Month.**



If you have any questions or concerns, please reach out to OMBlwakuni.YouthSports@usmc-mccs.org



YOUTH SPORTS VOLUNTEER APPLICATION

NAME (First Middle Last): _____ ROTATION DATE: _____

SSN: _____ Birth Date: _____ Place of Birth: _____

Email: _____ PSC/PO Box#: _____

Last U.S. Address: _____

Work Phone: _____ Personal Phone: _____

Active Duty _____ Civilian _____ Spouse _____ DOD ID#: _____ Rank: _____ MOS#: _____

Unit: _____ Citizenship: _____ Gender: MALE _____ FEMALE _____

ACTIVITY OF INTEREST:

AGE GROUP PREFERENCE:

BASKETBALL	BASEBALL	VOLLEYBALL	(3-4)
CHEERLEADING	FLAG FOOTBALL	WATER POLO	(5-6)
SOFTBALL	SOCCER	TRACK	(7-9)
TENNIS	SWIM	OTHER	(10 AND ABOVE)

VALID CPR/AED Certification: YES _____ NO _____ EXPIRATION DATE: _____ PLEASE ATTACH CERTIFICATION

EXPERIENCE: _____

Have you coached before? YES _____ NO _____ If so, how much experience? YEARS _____ MONTHS _____

Check all that apply: HEAD COACH _____ ASST. COACH: _____ NO PREFERENCE: _____

Do you have a participating child that you would like to coach? YES _____ NO _____

Child's Name: _____ Child's Birth Date: _____ Age: _____

Child's Name: _____ Child's Birth Date: _____ Age: _____

- When a coach turns in a registration packet with YS they are placed in line to potentially receive a team. Depending on participant registration and coach registration order determines if a coach will have a team or not.

- Coaches are expected to attend all trainings, practices, games, and closing ceremony during the season in play. If practices or games are missed because of illness or occasional work conflicts, he/she needs to plan accordingly with their head or assistant coach so that practices and/or games are not missed.

- All game and practice cancellations are made by the Youth Sports Coordinator. Coaches are not authorized to cancel practices or games. If there is a work conflict, please contact the Youth Sports Coordinator immediately.

- If for any reason a coach cannot fulfill his/her commitments due to work conflicts please notify the Youth Sports Coordinator immediately so a replacement may be found.

- Coaches can earn a minimum of 50 hours Volunteer time. This amount can vary depending on age group, extra practice held, and/or whether assigned as a head or assistant coach.

PRIVACY ACT INFORMATION This form requests certain information pursuant to the Authority of 5 U.S. Code, Section 301, and Executive Order 9397 of 22 November 1943. Submission of the information required by this form is voluntary. If an applicant fails to furnish information requested on this form sufficient to conduct a background investigation and make a determination as to your suitability for employment, your employment application will not be processed. Applicants must provide a Social Security Number (SSN) in order to identify them for personnel record keeping purposes because other people may have the same name and birth date. The SSN may also be used to make requests for information about applicants from employers, schools, banks and other/references, but only as allowed by law. The information we collect by using a SSN will be used for employment purposes and for studies and statistics that will not identify the applicant. Information provided on the form may also be given to federal, state, and other local agencies for checking on law violations or for other lawful purposes. If a background investigation reveals unfavorable information, the application may be disqualified or if relevant to an employee, may result in termination. ROUTINE USE(S): The Department of the Navy Blanket Routine Uses posted at <http://www.privacy.navy.mil/> applies.

SIGNATURE: _____ DATE: _____

ACTIVE DUTY MILITARY MEMBER VOLUNTEERS AUTHORIZATION FORM

Date: _____

FIRST ENDORSEMENT

Subj: REQUEST VOLUNTEER FOR _____
(name & rank)

The above named person is authorized to volunteer their time during off-duty hours under the condition that it does not impair the performance of regularly assigned duties.

I understand that the above named person will need to meet requirements including a background check X001 fingerprint 01S0Eσ, Child Abuse Prevention and Reporting Training, American Red Cross CPR Training, and coaching certification courses. C12° Σομολ00σ can be scheduled with the following link or the QR Code, The location is at the MCCS Iwakuni NAF Human Resources Office on the 2nd Floor of Building 410. Schedule an Appointment - <https://outlook.office365.us/book/MCCSIwakuniSuitabilityTeam@Mccsusmc.onmicrosoft.us/?ismsaljsauthenabed=true>



Signature of Supervisor

Print Name & Date

Email Address

Unit / Duty Phone



DEPARTMENT OF DEFENSE
AUTHORITY OF RELEASE OF INFORMATION AND RECORDS

-In accordance with the Privacy Act of 1974, I have been provided with a copy of a statement advising me that certain information is required to assist the Department of Defense in making a security determination concerning me and that execution of this form is voluntary.

-I hereby authorize and consent to the release of information and records bearing on my personal history, academic records, job performance, and arrests and convictions if any, to special agents of the Department of Defense. The information will be used for the purpose of determining my qualifications for volunteer service with Marine Corps Community Services (MCCS).

-This authorization is valid for one year after my signing. Upon request, a copy of this signed statement may be furnished to the present or former employer, criminal justice agency, or other person furnishing such information or record.

NAME: _____ DATE: _____

SIGNATURE: _____

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 1 - 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) ☐ AGE 18 OR OVER ☐ 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
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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)

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)	

FOR OFFICIAL USE ONLY

**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.

DEPARTMENT OF DEFENSE CONSENT TO CONDUCT INSTALLATION RECORDS CHECK (IRC)		OMB No. 0704-0586 OMB Approval Expires: 20200930	
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			
☐ Civilian Employee (APF)	☐ Civilian Employee (NAF)	☐ Contractor	☐ In-Home Care Providers (Respite Care, Foster Care, Family Child Care)
☐ Military Personnel	☒ Volunteer	☐ In-Home Care Family Members	☐ Teen Employee
☐ Junior Reserve Officer (JROTC) Instructor	☐ 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 fileMet 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 ENFORCEMENTType 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: _____