Youth Programs Volunteer Package

Volunteer Application Form

FIRST & LAST NAME_____MAIDEN NAME_____

ADDRESS:_____
STREET CITY/STATE/ZIP

HOME PHONE:_____CELL PHONE:_____WORK PHONE:_____

EMAIL ADDRESS:_____

DUTY STATION/SQUADRON/PLACE OF EMPLOYMENT:_____

PLEASE CHECK ONE OR MORE PROGRAMS YOU MAY BE INTERESTED IN SUPPORTING:

___Basketball Coach
___Baseball Coach
___Soccer Coach
___Football Coach
___Volleyball Coach
___Running Club
___Archery
___Tennis
___Golf
___Other:_____

What **ages** are you interested in coaching/working with?

____5-6; ____7-8; ____9-10; ____11 and up

Have you received Self-Aid Buddy Care/First Aid and/or CPR training within the past two years?

_____

List any formal training you have received pertaining to youth and/or coaching.

_____

_____

What experience do you have working with children?

_____

_____

What interests you about volunteering for Youth Programs?

_____

_____

Copy of Immunization Record is needed upon application

Privacy Act Statement: *The purpose of requesting this information is to determine the qualifications, suitability, and availability of the applicant for volunteer purposes within the above listed programs. Completion of the information in this package is voluntary, however, failure to provide any requested information may prevent you from receiving full consideration for the volunteer position you seek.*

Applicant Name:_____ Date: _____

Applicant Signature:_____

Volunteer Position Description

Description:

- Coach/mentor all youth ages 5-18 in various activities.
- You will be considered a role model for all youth ages 5-18; therefore, sportsmanship, fair play, and full participation are required.

Responsibilities:

- Provide a safe and fun environment for the children.
- Must maintain a positive, respectful attitude in and around Youth Programs.
- Encourage all youth to make healthy decisions.
- Help to implement or coordinate special interest projects and programs.
- Plan and supervise games, practices, and events.
- Teach young athletes the fundamentals of the sport.
- Learn and follow all league rules, policies, and procedures.
- Give each player equal playing time.
- Put the feelings of players ahead of your own desire to win.

Qualifications:

- Successfully complete the application procedure and pass a background check.
- Attend any scheduled interviews, meetings, or additional trainings to include but not limited to Self-Aid Buddy Care/First Aid/CPR.
- Be organized, enthusiastic, patient (especially with youth), and dependable.
- Successfully complete the National Youth Sports Coaches Association (NYSCA) Certification Program.

As a volunteer, you are treated by local, state and federal law as being an unpaid employee of the agency with which you are associated; therefore, you must conduct yourself in the same manner as you would at your own job. In the same respect, you will receive the same treatment, aside from compensation and benefits, as any other agency employee.

I agree that I have read and understand the above position description for the Youth Programs Volunteer and that I accept the terms of the position description.

Applicant Name:_____

Applicant Signature:_____Date:_____

In Case of an Emergency,
Youth Programs Should Contact:

Name:_____

Phone Number:_____

Relationship to Volunteer: _____

Or

Name:_____

Phone Number:_____

Relationship to Volunteer: _____

VOLUNTEER AGREEMENT FOR

☐ APPROPRIATED FUND ACTIVITIES ☒ NONAPPROPRIATED FUND INSTRUMENTALITIES

PART I - GENERAL INFORMATION

1. TYPED NAME OF VOLUNTEER *(Last, First, Middle Initial)*	2. YEAR OF BIRTH
3. INSTALLATION	4. ORGANIZATION/UNIT WHERE SERVICE OCCURS 628th Force Support Squadron
5. PROGRAM WHERE SERVICE OCCURS	6. ANTICIPATED DAYS OF WEEK 2-4
	7. ANTICIPATED HOURS 1-4
8. DESCRIPTION OF VOLUNTEER SERVICES	

PART II - VOLUNTEER IN APPROPRIATED FUND ACTIVITIES

9. 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 *(YYYYMMDD)*
10.a. TYPED NAME OF ACCEPTING OFFICIAL *(Last, First, Middle Initial)*	b. SIGNATURE	c. DATE SIGNED *(YYYYMMDD)*

PART III - VOLUNTEER IN NONAPPROPRIATED FUND INSTRUMENTALITIES

11. 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 *(YYYYMMDD)*
12.a. TYPED 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

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

NAME (Last, First, Middle Initial)	SSN (Last 4 digits)	DATE

ADDRESS (Include Zip Code)	HOME TELEPHONE #	DATE OF BIRTH	SEX	
				FEMALE
				MALE

MARITAL STATUS				EDUCATION *(Highest Grade Completed)*	OCCUPATION *(Employer / School)*	BUSINESS TEL.
	SINGLE		WIDOWED			
	MARRIED		DIVORCED			

PARENTS OR GUARDIAN (Name and Address. Include Zip Cod	HOME TELEPHONE #	BUSINESS TEL.

REMARKS

I, the undersigned, desire to volunteer my services to the MWR programs at JB Charleston/Weapons Station.
I expressly agree that such services are offered at no cost to the US Government or any instrumentality thereof. I expect no present or future compensation as a result of the services to be performed by myself. I understand that the performance of services entitle me to no compensation, either in pay benefits, and I agree that I shall not present any claims against the United States or any agency, instrumentality, or employee thereof.

SIGNATURE OF VOLUNTEER

DATE	ACCEPTED BY (Signature)

AF FORM 2040 PREVIOUS EDITION IS OBSOLETE SEPT 78
MWR VOLUNTEER PERSONAL DATA

Reference Checks

One must be a current/former supervisor

Applicant Name:_____

Reference Check #1:

- Individual's Name:_____
- Individual's Email:_____
- Individual's Phone Number:_____

Relation: Supervisor Friend Relative Co-worker Other
***required* (circle one)**

Reference Check #2:

- Individual's Name:_____
- Individual's Email:_____
- Individual's Phone Number:_____

Relation: Supervisor Friend Relative Co-worker Other
***required* (circle one)**

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS 628TH AIR BASE WING (AMC)
JOINT BASE CHARLESTON SC

ACKNOWLEDGEMENT OF RIGHTS AND CONSENT TO RELEASE RECORDS

AUTHORITY: 42 U.S.C. 13041 and 10 U.S.C. 8013

PRINCIPLE PURPOSE: To comply with Public Law 101-647, Section 231, and DoDI 1402.05, Criminal History Background Checks on Individuals in DoD Child Care Services Program.

DISCLOSURE: Mandatory. In the case of specified volunteer or contract worker in a position involved with children under the age of 18, refusal to sign this form shall result in the Program's refusal to consider the applicant for employment or volunteer service.

ACKNOWLEDGEMENT:

1. I have been advised and understand that the United States Air Force, as a Federal employer, has an obligation to require a records check as a condition of a position involved with children under the age of 18. I have been further advised that I have right to obtain a copy of any criminal history report made available and to challenge the accuracy and completeness of any information included in such report.

2. I understand that the records check will include one or more of the following:

a. An Installation Records Check at all installations I have identified as having a prior DoD affiliation with (conducted a minimum of 2 years before date of application). This records check will include, at a minimum, a file check of Security Forces Management Information System (SFMIS) which affords global background investigative data for all Air Force installations; Family Advocacy's Air Force Central Registry which includes all drug and alcohol program files, medical treatment facility files, mental health, and life skills files; Family Housing files; and any other record checks as appropriate to the extent permitted by law; and

b. An FBI Advanced Fingerprint Check.

3. I hereby authorize any Federal, state, or local agency or office to release any record relating to me which is necessary to complete the record checks described above.

TYPED or PRINTED NAME: _____

SIGNATURE: _____

DATE SIGNED: _____

Famulus Omnis – Serving All

The information herein is For Official Use Only (FOUO) which must be protected under the Freedom of Information Act of 1966 and Privacy Act of 1974, as amended. Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in criminal and-or civil penalties.

SECURITY
INITIAL INFORMATION CHECKLIST

FULL NAME:_____

(LAST NAME) *(FIRST NAME)* *(MIDDLE NAME)*

In the last 2 years, have you had DoD affiliation (such as living or working) on an Installation other than JB CHARLESTON/WEAPONS STATION? **Y** ☐ **N** ☐

If yes: ADDRESS_____

5 Year State Residential History

Alabama ☐	**Alaska** ☐	**Arizona** ☐	**Arkansas** ☐
California ☐	**Colorado** ☐	**Connecticut** ☐	**Delaware** ☐
Florida ☐	**Georgia** ☐	**Hawaii** ☐	**Idaho** ☐
Illinois ☐	**Indiana** ☐	**Iowa** ☐	**Kansas** ☐
Kentucky ☐	**Louisiana** ☐	**Maine** ☐	**Maryland** ☐
Massachusetts ☐	**Michigan** ☐	**Minnesota** ☐	**Mississippi** ☐
Missouri ☐	**Montana** ☐	**Nebraska** ☐	**Nevada** ☐
New Hampshire ☐	**New Jersey** ☐	**New Mexico** ☐	**New York** ☐
North Carolina ☐	**North Dakota** ☐	**Ohio** ☐	**Oklahoma** ☐
Oregon ☐	**Pennsylvania** ☐	**Rhode Island** ☐	**South Carolina** ☐
South Dakota ☐	**Tennessee** ☐	**Texas** ☐	**Utah** ☐
Vermont ☐	**Virginia** ☐	**Washington** ☐	**West Virginia** ☐
Wisconsin ☐	**Wyoming** ☐		