

BACKGROUND CHECK YOUTH SPORTS VOLUNTEER

NAME: _____

APPLICATION DATE: _____ CWR HIRE DATE _____

YOUTH SPORTS VOLUNTEER ID: _____

Actions	Initiated Sent	Completed
1. Background Check List		
2. Background Request (GIS)		
3. DD 2981		
4. SAP		
5. FAP		
6. PMO		
7. FINGERPRINTS		
8. Copy of Drivers License		

FINGERPRINTS

Fingerprinted By: _____

Fingerprinted Date: _____

Background Request Form YOUTH SPORTS VOLUNTEERS

First Name

Middle Name

Last Name

Previous Legal Name

Street Address

City

State

ZIP CODE

Social Security Number

Date of Birth (month-day-year)

Driver's License Number

State

Gender

Email Address

Male/Female

Home Phone

Work Phone

Cell Phone

Previous Addresses for Last 5 Years

(If more than 3 previous addresses list on the back side of this form)

Street Address

City

State

ZIP CODE

Street Address

City

State

ZIP CODE

Street Address

City

State

ZIP CODE

Emergency Contact

Full Name:

Relationship:

Home Phone:

Work Phone:

Cell Phone:

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85P, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

Signature (<i>Sign In Ink</i>)	Full Name (<i>Type or Print Legibly</i>)		Date Signed
Other Names Used			Social Security Number
Current Address (<i>Street, City</i>)	State	ZIP Code	Home Telephone Number (<i>Include Area Code</i>) ()

BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION
(Department of Defense Child and Youth (C&Y) Programs)

OMB No. 0704-0516
 OMB approval expires
 May 31, 2017

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, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0516). 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.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE APPROPRIATE C&Y PROGRAM REPRESENTATIVE.

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 10450 and/or Section 231 of the Crime Control Act of 1990 (42 U.S.C. 13041); DoD Instruction 1402.5, Criminal History Background Checks on Individuals in Child Care Services; DoD Instruction 6060.2, Child Development Programs.

PRINCIPAL PURPOSE(S): To require each employee, DoD contractor, family child care provider, adult family member of a family child care provider, and specified volunteers of a DoD C&Y program to undergo a background check and to annually self-report changes to his or her criminal history. This form covers a five year period at the end of which a new form must be initiated. When completed, records are covered by one of the appropriate SORNs:

Army: http://dpclo.defense.gov/privacy/SORNs/component/army/A0608-10_CFSC.html

Navy: <http://dpclo.defense.gov/privacy/SORNs/component/navy/NM01754-3.html>

Air Force: http://dpclo.defense.gov/privacy/SORNs/component/airforce/F034_AF_SVA-C.html

ROUTINE USES: This form is to be used for DoD C&Y programs only. This form will be initiated by C&Y program staff and will be maintained in C&Y program offices. The DoD "Blanket Routine Uses" found at http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html may apply to these records.

DISCLOSURE: Voluntary; however, failure to furnish all requested information may result in an unfavorable adjudication decision and may affect suitability of working with or around children.

1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements.)	2. OTHER NAME(S) USED
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3. PLACE OF BIRTH (City, State, Country)	4. DATE OF BIRTH (MM/DD/YYYY)	5. GENDER (X one) <input type="checkbox"/> Male <input type="checkbox"/> Female
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6. INSTALLATION/PROGRAM NAME	7. DATE OF HIRE (To be completed by CDP staff only)
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8.a. Have you ever been arrested, charged, or convicted by Federal, State, or other Law enforcement authorities for any violation of any Federal law, Military law, State law, County or Municipal law, Regulation or Ordinance? (Do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.) (X one)

Yes No If you answered "Yes," explain your answer in the space provided below.

b. Have you ever been arrested, charged or held by Federal, State or Other Law Enforcement Authorities for any crime or offense involving any of the following: Mark Yes or No for each category. Failure to provide information may result in an unfavorable adjudication decision. All other charges must be included in the space provided below even if they were dismissed. If you answered "Yes," explain your answer in the space provided below.

CHILD: <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	

(1) MONTH/ YEAR	(2) OFFENSE	(3) ACTION TAKEN	(4) LAW ENFORCEMENT AUTHORITY OR COURT (City & Country if outside the United States)	(5) STATE	(6) ZIP CODE

9. ANNUAL CERTIFICATIONS.
 In the past year, I have not been arrested, charged or held by law enforcement in regard to anything mentioned in block 8 above.

Yes No If you answered "Yes," explain your answer in the space provided on the back of this form.

a. INITIAL CERTIFICATION (1) Signature	(2) Date (YYYYMMDD)				
b. 2nd YEAR (X as above) <input type="checkbox"/> Yes <input type="checkbox"/> No	(1) Signature	(2) Date (YYYYMMDD)	c. 3rd YEAR (X as above) <input type="checkbox"/> Yes <input type="checkbox"/> No	(1) Signature	(2) Date (YYYYMMDD)
d. 4th YEAR (X as above) <input type="checkbox"/> Yes <input type="checkbox"/> No	(1) Signature	(2) Date (YYYYMMDD)	e. 5th YEAR (X as above) <input type="checkbox"/> Yes <input type="checkbox"/> No	(1) Signature	(2) Date (YYYYMMDD)

Failure to disclose accurate information may be grounds for dismissal, termination, or disbarment from participating in the program.

BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION

10. NOTES *(Use this space to enter additional comments.)*

11. 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, and/or state agencies, and/or foreign governments, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Investigation Service (DIS), 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 and worked. This authorization is valid for one year from the date this form was signed or upon 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. 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 competencies 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 confidential, and disclosure limited to purposes authorized under the Privacy Act - mainly to conduct 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 compliance, or any 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 if I am charged with a crime referenced in block 9 above.

WARNING: False statements are punishable by law and could result in fines and/or imprisonment for up to five years.

a. SIGNATURE

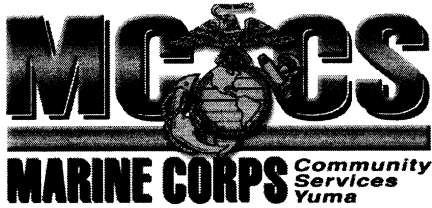
b. DATE SIGNED

INSTRUCTIONS FOR COMPLETING DD FORM 2981

This Department of Defense Form is to be completed by prospective employees and/or volunteers upon application for any position within a Department of Defense Child or Youth Program. The form will be utilized for initial and annual certification that said employee/volunteer has not been arrested, charged, or convicted by Federal, State, or other Law enforcement authorities for any violation of any Federal law, Military law, State law, County or Municipal law, Regulation or Ordinance, nor have they been arrested, charged or held by Federal, State or Other Law Enforcement 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.

Completion of this form is voluntary; however, failure to furnish all requested information may result in an unfavorable adjudication decision and may affect suitability of working with or around children.

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 place of birth to include city, state and country.
4. Provide your date of birth in mm/dd/yyyy format.
5. Provide gender.
6. Provide the installation or DoD CY program where you seek employment or to volunteer.
7. Provide the date of hire. *This is to be completed by CDP staff only.*
8. a. Place an X in the appropriate box if you have or have not been arrested, charged, or convicted by Federal, State, or other Law enforcement authorities for any violation of any Federal law, Military law, State law, County or Municipal law, Regulation or Ordinance? *(Do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.)*
8. b. Place an X in the appropriate box if you have been arrested, charged or held by Federal, State or Other Law Enforcement Authorities for any crime or offense involving any of the following: Mark Yes or No for each category. Failure to provide information may result in an unfavorable adjudication decision. All other charges must be included in the space provided below, even if they were dismissed. If you answered "Yes," explain your answer in the space provided below.
8. b. 1-6 Provide all specifics to any arrests, charges, or convictions in the provided space. If additional space is needed, use block 10.
9. On an annual basis, place an X in the appropriate box indicating if you have or have not been arrested, charged or held by law enforcement in regard to anything mentioned in block 8 above.



12000
MCCS
Y/M/D

From: Human Resources Officer, MCAS YUMA AZ
To: Behavioral Health Program Manager, MCAS YUMA AZ
Subj: REQUEST FOR RECORDS CHECK Substance Abuse Counseling Center
Ref: (a) MCO 1710.30C
(b) OPNAV 1700.9C

1. In accordance with references (a) and (b) a records check is requested for the following employee:

Full Name: SSN: xxx-xx-

- 2. Please document the existence of a record. You will be contacted for additional information if records are found to determine suitability.
- 3. Fax your reply to the Human Resources Officer, Human Resources and Training Branch at 928-269-6201 or by calling Vonnette Bedwell at 928-269-5759 for pick up.

Vonnette Bedwell

FIRST ENDORSEMENT

From: Behavioral Health Program Manager, MCAS YUMA AZ
To: Human Resources Officer, MCAS YUMA AZ

1. A local records check has been completed. Findings are as follows:

_____ No Records Found
_____ Records Found _____ Adverse _____ Not Adverse

Date Signature of Reporting Official

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 910 I. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

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Signature <i>(Sign in ink)</i>	Full Name <i>(Type or Print Legibly)</i>	Date Signed
Other Names Used		Social Security Number
Current Address <i>(Street, City)</i>	State	ZIP Code
Home Telephone Number <i>(Include Area Code)</i> ()		



1710
MCCS3

From: Non-Appropriated Fund Human Resources Director
To: Counseling Support Branch Manager, Family Advocacy Program

Subj: REQUEST FOR FAMILY ADVOCACY BACKGROUND CHECK

Ref: (a) DODI 1402.5
(b) MCO 1710.30E

Encl: (1) Authorization for Release of Information

1. Per the references, a request is submitted for a Family Advocacy background check to be conducted on the following Child, Youth and Teen employee or volunteer. Enclosure (1) is provided for authorization of release of information.

NAME

Social Security Number

First Endorsement

From: Counseling Support Branch Manager, Family Advocacy Program
To: Non-appropriated Fund Human Resources Director

1. The Family Advocacy Program records have been checked on the above named individual. No adverse information exists unless noted below in the comments

2. Comments:

Signature

Date

UNITED STATES OF AMERICA

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Signature <i>(Sign in ink)</i>	Full Name <i>(Type or Print Legibly)</i>	Date Signed
Other Names Used		Social Security Number
Current Address <i>(Street, City)</i>	State	ZIP Code
Home Telephone Number <i>(Include Area Code)</i> ()		

LOCAL RECORDS CHECK (1600)

NAVMC 10482 (REV. 3-93) (EF) (Previous editions will be used)

SN: 0109-LF-063-7100

DATE: _____

NAME <i>(Last, First, Middle)</i>		SSN	GRADE	MOS
ORGANIZATION				
DATE OF BIRTH	PLACE OF BIRTH			CITIZENSHIP
NAME OF SPOUSE <i>(Last, First, Middle)</i>		DATE OF BIRTH	PLACE OF BIRTH	CITIZENSHIP
CLEARANCE STATUS (Degree)	BASIS	COMPLETED BY (Agency)		DATE COMPLETED
PURPOSE FOR REQUESTING LOCAL RECORDS CHECK				

RESULTS OF COMMAND SCREENING

RECORDS CHECKED: OQR/SRB HEALTH RECORD UNIT PUNISHMENT LOG

RECORDS SCREENED BY THE COMMAND REFLECT *(Check appropriate block)*:

NO DEROGATORY
INFORMATION

FOLLOWING INFORMATION:

(Signature of Requesting Official)