



**AUTHORIZATION FOR RELEASE OF INFORMATION  
TO THE SEMPER FIT BRANCH, YOUTH SPORTS SECTION  
BACKGROUND CHECK**

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**PRIVACY ACT STATEMENT**

The authority for requesting social security numbers is Executive Order 9397. Social Security numbers will be used by the Semper Fit Branch, Youth Sports Section in accomplishing background checks to determine suitability in meeting qualification requirements outlined in OPNAVINST 1700.9C. Disclosure of this information is voluntary; however, failure to do so will result in disapproval of the applicant to work within the Semper Fit Branch, Youth Sports Section.

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\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Applicant's Full SSN

\_\_\_\_\_  
Applicant's Birth Date

\_\_\_\_\_  
Applicant's Signature and Date

\*\*\*\*\*

\_\_\_\_\_  
Printed Name of Sponsor

\_\_\_\_\_  
Sponsor's Full SSN

\_\_\_\_\_  
Sponsor's Birth Date

\_\_\_\_\_  
Sponsor's Signature and Date

I certify that all of the statements made by me are true and sign this Application under penalty of perjury and understanding the penalty for perjury is a fine or imprisonment for not more than five years, or both, pursuant to 18 U.S.C. Sec. 1621 and 18 U.S.A.C. Sec. 3571.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Coaches' Code of Ethics

**I hereby pledge to live up to my certification as an NYSCA Coach by following the NYSCA Code of Ethics.**

I will place the emotional and physical well-being of my players ahead of a personal desire to win.

I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.

I will do my best to provide a safe playing situation for my players.

I will promise to review and practice the basic first aid principles needed to treat injuries of my players.

I will do my best to organize practices that are fun and challenging for all my players.

I will lead by example in demonstrating fair play and sportsmanship to all my players.

I will provide a sports environment for my team that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events.

I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.

I will use those coaching techniques appropriate for each of the skills that I teach.

I will remember that I am a youth coach, and that the game is for children and not adults.

Coach Signature \_\_\_\_\_ Date \_\_\_\_\_

# Youth Sports Volunteer Coach Job Description

**TITLE** Volunteer Coaches for Quantico MCCA Youth Sports

**DESCRIPTION** Will be coaching male and female athletes Ages 4-14. You will be considered a role model for young athletes assigned to your team; therefore sportsmanship, fair play, and full participation are all mandatory. Provide leadership and supervision to children ages 4-14 in a variety of sports, including soccer, basketball, baseball and flag football.

## **RESPONSIBILITIES**

- Plan and supervise games, practices and events
- Supervise assistant coaches and team parents
- Teach the young athlete the fundamentals of the sport
- Encourage the involvement of the parents in the sport
- Schedule and conduct parent and other necessary team meetings
- Provide a safe and fun environment for the children
- Learn and follow ALL league rules, policies and procedures
- Give each player required playing time
- Put the well-being of players ahead of your desire to win
- Attend all required league meetings, classes, and functions
- Communicate with parents information regarding their child's athletic experience
- Work closely with MCCA Youth Sports
- Inform MCCA youth sports with practice cancellations as well as CC us in all team emails.

## **Qualifications**

- Successfully complete the application procedure and pass a background check.
- Attend any scheduled coaches meetings
- Successfully complete the NYSCA coaches certification program
- Be enthusiastic
- Not want to win at all costs
- Must be patient, especially with children
- Be organized. Organization is critical to your success!
- Be dependable

**Time Commitment** Usually 4-6 hours weekly, depending on practice and game schedules as a general rule, practices are held on weekdays after school, games are held on Saturdays with possible weeknight games.

**Supervisor Contact** Youth Sports Manager  
Kanee Booth  
703-784-9756  
[kanee.booth@usmc-mcca.org](mailto:kanee.booth@usmc-mcca.org)

**I agree that I have read and understand the above job description of a youth sports coaching position, and I accept the terms of the job description.**

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Applicant Signature \_\_\_\_\_ Name (Print Clearly) \_\_\_\_\_ Date \_\_\_\_\_

**Please Note: Failure to sign this page will render coach's application incomplete.**

**VOLUNTEER AGREEMENT FOR**

APPROPRIATED FUND ACTIVITIES

NONAPPROPRIATED FUND INSTRUMENTALITIES

**PART I - GENERAL INFORMATION**

1. TYPED NAME OF VOLUNTEER <i>(Last, First, Middle Initial)</i>		2. YEAR OF BIRTH
3. INSTALLATION MCB QUANTICO	4. ORGANIZATION/UNIT WHERE SERVICE OCCURS SEMPER FIT	
5. PROGRAM WHERE SERVICE OCCURS YOUTH SPORTS	6. ANTICIPATED DAYS OF WEEK 2-3	7. ANTICIPATED HOURS 4/WEEK
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 <i>(Last, First, Middle Initial)</i>	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 <i>(Last, First, Middle Initial)</i>	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 <i>(2,087 hours=1 year)</i>	b. WEEKS	c. DAYS	d. HOURS		
16.a. TYPED NAME OF SUPERVISOR <i>(Last, First, Middle Initial)</i>				b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

# Declaration for Federal Employment\*

Form Approved  
OMB No. 3205-0162

(\*This form may also be used to assess fitness for federal contract employment)

## GENERAL INFORMATION

1. **FULL NAME** (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)

2. **SOCIAL SECURITY NUMBER**

3a. **PLACE OF BIRTH** (Include city and state or country)

3b. **ARE YOU A U.S. CITIZEN?**

YES  NO (If "NO", provide country of citizenship)

4. **DATE OF BIRTH** (MM / DD / YYYY)

5. **OTHER NAMES EVER USED** (For example, maiden name, nickname, etc)

6. **PHONE NUMBERS** (Include area codes)

Day

Night

## Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959?

YES

NO (If "NO", proceed to 8.)

7b. Have you registered with the Selective Service System?

YES (If "YES", proceed to 8.)

NO (If "NO", proceed to 7c.)

7c. If "NO," describe your reason(s) in item 16.

## Military Service

8. Have you ever served in the United States military?

YES (If "YES", provide information below)  NO

*If you answered "YES," list the branch, dates, and type of discharge for all active duty.*

*If your only active duty was training in the Reserves or National Guard, answer "NO."*

Branch	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Type of Discharge

## Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

9. During the last 7 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.*  YES  NO

10. Have you been convicted by a military court-martial in the past 7 years? (If no military service, answer "NO.") *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.*  YES  NO

11. Are you currently under charges for any violation of law? *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.*  YES  NO

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? *If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.*  YES  NO

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) *If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.*  YES  NO

# Declaration for Federal Employment\*

(\*This form may also be used to assess fitness for federal contract employment)

Form Approved  
OMB No. 3205-0192

## Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.  YES  NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?  YES  NO

## Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

## Certifications / Additional Questions

**APPLICANT:** If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

**APPOINTEE:** If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Sign in ink)

17b. Appointee's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Sign in ink)

**Appointing Officer:**

Enter Date of Appointment or Conversion  
MM / DD / YYYY

18. Appointee (Only respond if you have been employed by the Federal Government before): Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? \_\_\_\_\_  
DATE: MM / DD / YYYY

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?  YES  NO  DO NOT KNOW

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled.  YES  NO  DO NOT KNOW



# CONTINGENT WORKER TRANSFER REQUEST FORM

**IMPORTANT: PLEASE ENSURE ALL FIELDS ARE COMPLETED AND ACCURATE. INCOMPLETE FORMS WILL BE RETURNED TO THE GAINING COMMAND FOR COMPLETION.** Email the completed form below to the PeopleConnection Help Desk (PEOPLECONNECTION@USMC-MCCS.ORG) when an employee is transferring from one NAFI (command/company) to another NAFI (command/company). We will update the employee record based on the information below and notify you when you can access it. The gaining command (command that the employee is transferring to) is required to complete this form; **YOU MUST** notify the losing command (command that the employee is coming from) that you are processing a transfer request.

**IMPORTANT: The gaining command/company must verify the employee's National ID/Social Security Number. Check this box to acknowledge you have verified this information with valid U.S. Government issued documentation and verified it with the employee's Full Name and Empl ID in PeopleSoft with the following query: MCCS\_HR\_NAME\_CO\_BYSSN\_PROMPT**

Gaining Command

Losing Command

Employee  
Biographical Details

Contact Information

Regional

Command:	QUANTICO
Point of Contact:	MARCIA DUNCAN
Command:	
Point of Contact:	
Empl ID:	
Effective Date:	
First Name:	
Middle Name:	
Last Name:	
Birth Date:	
Gender:	
Highest Level Education:	
Martial Status:	
Home Address:	
City:	
State:	
Postal:	
Working Address:	
City:	
State:	
Postal:	
Home Phone:	
Work Phone:	
Other Phone (Cell):	
Work Email:	
Other Email (Home):	
Ethnic Group:	
Military Status:	

MCCS Data

Identification Data

Work Location

Job Information

USA Section  
Salary Plan

Handicap Code:	05
Table of Organization #:	
MCCS RWS Code:	100
Telework Indicator Code:	NE001
Telework Eligible Code:	NE101
Country:	
Citizenship Status:	
Action/Reason Code:	
Position Number:	
Company:	QUM
Business Unit:	SFP12
Department:	CWR
Job Code:	CWRYTH
Supervisor Level:	
Full Part/Flex:	
FLSA Status:	FLEX
Grader:	NON-EXEMPT

Do not omit



**BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION**  
(Department of Defense Child Care Services Programs)

OMB No. 0704-0516  
OMB approval expires:  
September 30, 2021

The public reporting burden for this collection of information, OMB Control Number 0704-0516, 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 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](mailto: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:** Executive Order 10450 and/or 34 U.S. Code § 20351; DoD Instruction 1402.05, Criminal History Background Checks on Individuals in 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 require individuals who come into regular, reoccurring contact with children under the age of 18 years to self-report any arrests, charges or convictions that would keep the individual from obtaining or maintaining a favorable suitability or fitness determination. Programs impacted are referenced within the 34 U.S. Code § 20351 and include impacted individuals such as employees, DoD contractors, family child care providers, adults residing in a family child care home, volunteers, and others with regular reoccurring contact with children. Individuals who work or volunteer in DoD Child Development and Youth Programs must annually self-report changes to his or her status utilizing this form. All individuals required to complete this form must immediately self-report to their employer/supervisor if they are arrested, charged, convicted, or met criteria for any offense listed on the form. When completed, records are covered by one of the appropriate SORNs:

Army: <http://dpcld.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570012/a0215-imwrc.aspx>

Navy: <http://dpcld.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570428/nm01754-3.aspx>

Air Force: <http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569755/f034-af-sva-cl>

**ROUTINE USES:** This form will be initiated by DoD staff and will be maintained in the initiating DoD offices and/or appropriate Human Resources or Security Offices. Information received as a result of this release may be used to assess interim/on-going or final suitability or fitness for DoD personnel working with children. ONLY DoD Child Development and Youth programs are required to update and sign annually. A copy of the form is maintained in the staff member's personnel file. The DoD "Blanket Routine Uses" found at <http://dpcld.defense.gov/Privacy/SORNsIndex/Blanket-Routine-Uses/> 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/fitness.

1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements.)	2. OTHER NAME(S) USED
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3. DATE OF BIRTH (MM/DD/YYYY)	4. INSTALLATION/PROGRAM NAME	5. DATE OF HIRE
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6. Have you been arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law, Military law, State law, County or Municipal law, or met the Family Advocacy criteria for child maltreatment? (Do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.) (X one) Mark Yes or No for each category. If you answered "Yes," explain your answer in the space provided below or on the back of the form in block 9.

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	

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

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 arrested, charged, convicted, or met criteria for any offense referenced in block 6.

a. SIGNATURE	b. DATE (YYYYMMDD)
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8. ANNUAL CERTIFICATIONS (Required by Child Development and Youth Program Staff and Volunteers)  
In the past year, have you been arrested, apprehended, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law, Military law, State law, County or Municipal law or met the Family Advocacy criteria for child maltreatment.

Failure to disclose accurate information may be grounds for dismissal, termination, or disbarment 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, 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. 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, 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 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.

**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 (YYMMDD)

<b>DEPARTMENT OF DEFENSE CONSENT TO CONDUCT INSTALLATION RECORDS CHECK (IRC)</b>	OMB No. 0704-0586 OMB Approval Expires: 20200930
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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://dpcld.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://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570099/a0690-200-dape/>)

**Navy and Marine Corps:** NM 01754-3, DCN Child and Youth Program, (<https://dpcld.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://dpcld.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://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570257/s40020/>) and

**National Security Agency:** GNSA 19, NSA/CSS Child Development Services, (<https://dpcld.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**

<b>1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements)</b>	<b>2. OTHER NAME(S) USED (e.g., maiden name, nickname, birth name)</b>	
<b>3. PLACE OF BIRTH (City, State, Country)</b>	<b>4. DATE OF BIRTH (MM/DD/YYYY)</b>	<b>5. SOCIAL SECURITY NUMBER</b>
<b>6. CURRENT ADDRESS (Street, City, State, Zip Code)</b>		

**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.

<b>7a. PRINT NAME (Subject or Parent/Legal Guardian)</b>	<b>7b. DATE (MM/DD/YYYY)</b>	<b>7c. SIGNATURE (Subject or Parent/Legal Guardian)</b>
<b>7d. EMAIL ADDRESS</b>	<b>7e. PHONE NUMBER</b>	

**SECTION III. POSITION AND BACKGROUND CHECK INFORMATION**

<b>8a. COMMAND / INSTALLATION / ORGANIZATION</b>	<b>8b. POSITION HIRE / START DATE (estimated) (MM/DD/YYYY)</b>		
<b>8c. POSITION CATEGORY</b>			
<input type="checkbox"/> Civilian Employee (APF)	<input type="checkbox"/> Civilian Employee (NAF)	<input type="checkbox"/> Contractor	<input type="checkbox"/> In-Home Care Providers (Respite Care, Foster Care, Family Child Care)
<input type="checkbox"/> Military Personnel	<input type="checkbox"/> Volunteer	<input type="checkbox"/> In-Home Care Family Members	<input type="checkbox"/> Teen Employee
<input type="checkbox"/> Junior Reserve Officer (JROTC) Instructor	<input type="checkbox"/> 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 file

Met 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 ENFORCEMENT**

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.

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: \_\_\_\_\_

MEMORANDUM TO FILE

From: Krystle Soren, Director, Human Resources, Marine Corps Community Services, Quantico, VA

Subject: e-Prints Verification

**BASE SECURITY:**

Please complete fingerprints for the individual below and date and initial in the box below for tracking purposes.

Name	Department	Date completed & Initial	Date verified	Code

**INSTRUCTIONS FOR APPLICANT:**

1. Report to Yale Hall, Room 314, 2006 Hawkins Avenue, Quantico VA 22134 to get your fingerprints (FPs) scanned. FPs are scanned Monday – Friday from 1300 – 1400, no appointments are necessary. Please bring a picture ID.
2. Once your FPs are complete, bring this completed form to the Human Resources Office located at 2034 Barnett Avenue, Room 209, Quantico, VA 22134.