

Youth Sports Coaches Checklist

Coaches Name:	
Contact Number:	
Email:	

Forms	Date Completed
Youth Sports Coaches Application	
Volunteer Agreement Form (DD2793)	
Coaches Code of Ethics (NAYS)	

Training	Date Completed
First Aid / CPR / AED	
NAYS Training	
Child Abuse & Recognition	

Background Checks / DD2981 (HR)	Turned into HR (Initials)
Basic Criminal History Form (DD2981)	
PMO FBI Finger Print	
PMO Installation Records Check	
Family Advocacy Program (FAP) Installation Records Check	
Substance Abuse Counselling Center (SACC) Installation Records Check	



YOUTH SPORTS VOLUNTEER COACH APPLICATION



Name of Applicant: _____ Citizenship _____

Cell Ph: _____ Alt Ph: _____ Work () / Home ()

E-mail Address _____ Marital Status _____

Home Address _____ City _____ State _____ Zip Code _____

Birth Place _____ Date of Birth _____ Gender _____

Full Name of Sponsor (if different from above): _____

Unit _____ Section _____ Work Ph _____ Date of Birth _____

Duty Station _____ Rank _____ Branch of Service _____ Birth Place _____

Arrival Date to MCBH _____ Previous Installation if within 2 years _____

E-mail Address _____ Cell Phone _____

Sport(s) Interested in Coaching: (Circle)

Baseball Softball T-Ball Volleyball Wrestling Flag football

Cheerleading Basketball Soccer In-Line Hockey

Age group interested in coaching:

5-6 yrs. () 7-8 yrs. () 9-10 yrs. () 11-12yrs. () 13-15yrs. () No Pref. ()

Do you have a child enrolled in our program? Yes or No Name(s) _____

Number of years experience coaching youth sports: _____.

List past volunteer coaching experience: _____

List reason(s) for wanting to be a volunteer coach: _____

List Days/Times available for practice sessions: _____

T-Shirt Size: (Circle) Adult Small Adult Med. Adult Large Adult XL

Authorization for Release of Information to the Youth Sports Program Director

Privacy Act Statement

Under the provisions of the Privacy Act of 1974 (title 10 U.S. code section 3012), the Social Security numbers of the Youth Sports Coaching Program applicant, their military sponsor and their family members are requested. This information will be used by the Youth Sports Program Director in accomplishing background checks to determine if the applicant meets the qualifications required by Marine Corps Order (MCO) 1710.30C. Disclosure of this information is voluntary; however, failure to do so will result in disapproval of the application to provide coaching for the Youth Sports Programs.

1. I authorize the following organizations located on MCBH, to release personal information for background clearance checks:

- Military Police Department
- Substance Abuse Counseling Office
- Family Advocacy

2. I understand the documentation and information obtained for this background clearance check will exempt me from various provisions of the Freedom of Information Act (4 USC 552) and the Privacy Act (USC 522a). The information given will not be divulged to the applicant/sponsor in violation with these statutes.

By signing this application I agree to complete all the requirements of volunteering as Coach for the MCCS Youth Sports Program at K-Bay. These requirements include, but are not limited to; completion of a background check, pre-season coaches meeting(s), NAYS www.nays.org on-line training, certification in CPR and first aid, and any other training or meetings deemed necessary by the Youth Sports Specialist. Practice sessions are generally held twice a week in the early evenings and games are held on Saturdays. My schedule allows me to attend all practices and games. I will always keep the safety of all of the participants first and foremost.

(Sponsor Signature)

(Date)

Applicant Signature (if applicable)

(Date)

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		5. ORGANIZATION/UNIT WHERE SERVICE OCCURS	
6. PROGRAM WHERE SERVICE OCCURS		7. ANTICIPATED DAYS OF WEEK n/a	8. ANTICIPATED HOURS 40hrs
9. DESCRIPTION OF VOLUNTEER SERVICES Coaching for the Youth Sports Program on MCBH.			

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> n/a
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>	

**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 MCBH MCCS Semper Fit Youth Sports	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)
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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)
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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)
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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
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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.



Parents' Code of Ethics



I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this PAYS Parents' Code of Ethics:

I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sports event.

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

I will insist that my child play in a safe and healthy environment.

I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Ethics.

I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.

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

I will remember that the game is for youth - not for adults.

I will do my very best to make youth sports fun for my child.

I will help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching, or providing transportation.

I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.

I will read the National Standards for Youth Sports and do what I can to help all youth sports organizations implement and enforce them.

Parent Signature

Date

© National Alliance for Youth Sports
2050 Vista Parkway
West Palm Beach, FL 33406
(800)729-2057 / FAX (561) 684-2546 pays@nays.org



From: MCCS Semper Fit Youth Sports
To: Provost Marshall Office
Subj: FOUO; FBI FINGERPRINTS (Security Ltr)
Date:
Ref: (a) DoD Instructions 1402.5 dtd 19 January 1993

1. As required by reference (a), please check your records to determine if the individual identified below has ever been a suspect in a criminal matter handled by your department. Please complete the bottom portion of this letter and forward the results to the Marine Corps Community Services.

NAME: _____

DOB: _____

ADDRESS: _____

SSN: _____

MILITARY AFFILIATION (Check One):

- Active Duty
- Active Duty Dependent
- Civilian
- Retired Military
- Retired Military Dependent

2. Your prompt attention to this matter is appreciated. If any further information is necessary, Please contact me at (808) 254-7473.

Randall Cayco
Youth Sports Recreation Specialist

LIVESCAN UPLOAD VERIFICATION

DATE: (DD/MM/YYYY)

TIME: (HH:MM:SS)

UPLOADED BY:

Previous residences for the last 7 years (City & State)

City: _____ State: _____

City: _____ State: _____

City: _____ State: _____

City: _____ State: _____

City: _____ State: _____

City: _____ State: _____

*****PRIVACY ACT STATEMENT*****

Under the provisions of the Privacy Act of 1974 (title 10 U.S. code section 3012). The Social Security numbers of the Volunteer applicant and their military sponsor are requested. This information will be used by the MCCS NAF Personnel Office in accomplishing background checks to determine if the applicant meets the qualifications required by MCO 1710.30C. Disclosure of this information is voluntary; however, failure to do so will result in disapproval of the request to provide services at the Child Development Center, Armed Services Y.M.C.A, and Recreation (Youth Activities, Base Pool and Marina).



From: MCCS Semper Fit Youth Sports
To: Provost Marshall Office
Subj: FOUO; INSTALLATION RECORD CHECK (Security Ltr)
Date:
Ref: (a) DoD Instructions 1402.5 dtd 19 January 1993

1. As required by reference (a), please check your records to determine if the individual identified below has ever been a suspect in a criminal matter handled by your department. Please complete the bottom portion of this letter and forward the results to the Marine Corps Community Services.

NAME: _____ DOB: _____

ADDRESS: _____ SSN: _____

MILITARY AFFILIATION (Check One):
Active Duty
Active Duty Dependent
Civilian
Retired Military
Retired Military Dependent

2. Your prompt attention to this matter is appreciated. If any further information is necessary, Please contact me at (808) 254-7473.

Randall Cayco
Youth Sports Recreation Specialist

PMO RECORDS CHECK

DATE/TIME: _____

CLERK'S NAME: _____

RECORDS FOUND (CIRCLE YES/NO):

YES

NO

FILE ATTACHED: _____

*****PRIVACY ACT STATEMENT*****

Under the provisions of the Privacy Act of 1974 (title 10 U.S. code section 3012). The Social Security numbers of the Volunteer applicant and their military sponsor are requested. This information will be used by the MCCS NAF Personnel Office in accomplishing background checks to determine if the applicant meets the qualifications required by MCO 1710.30C. Disclosure of this information is voluntary; however, failure to do so will result in disapproval of the request to provide services at the Child Development Center, Armed Services Y.M.C.A, and Recreation (Youth Activities, Base Pool and Marina).



From: MCCS Semper Fit Youth Sports
To: Family Advocacy Program Office
Subj: FOUO; INSTALLATION RECORD CHECK (Security Ltr)
Date:
Ref: (a) DoD Instructions 1402.5 dtd 19 January 1993

1. As required by reference (a), please check your records to determine if the individual identified below has ever been a suspect in a criminal matter handled by your department. Please complete the bottom portion of this letter and forward the results to the Marine Corps Community Services.

NAME: _____

DOB: _____

ADDRESS: _____

SSN: _____

MILITARY AFFILIATION (Check One):

Active Duty

Active Duty Dependent

Civilian

Retired Military

Retired Military Dependent

2. Your prompt attention to this matter is appreciated. If any further information is necessary, Please contact me at (808) 254-7473.

Randall Cayco

Youth Sports Recreation Specialist

_____ I certify the Central Repository for Incident Based Reporting (CRIBR) System was queried and there is no Family Advocacy record on the above individual.

_____ Record-check reveals a case involving the above individual. Details (date and location of incident, status determination, identification of victim and offender, and disposition).

Signature of Reporting Official

Date:

PRIVACY ACT STATEMENT

Under the provisions of the Privacy Act of 1974 (title 10 U.S. code section 3012). The Social Security numbers of the Volunteer applicant and their military sponsor are requested. This information will be used by the MCCS NAF Personnel Office in accomplishing background checks to determine if the applicant meets the qualifications required by MCO 1710.30C. Disclosure of this information is voluntary; however, failure to do so will result in disapproval of the request to provide services at the Child Development Center, Armed Services Y.M.C.A, and Recreation (Youth Activities, Base Pool and Marina).



12000
MCCSGH

From: MCCS Semper Fit Youth Sports
To: Substance Abuse Counseling Center, Marine Corps Community Services Hawaii
Subj: REQUEST FOR RECORDS CHECK
Date:
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:

NAME: _____ **SSN:** _____

2. Please document the existence of a record. You will be contacted for additional information if records are found to determine suitability.

3. Your prompt attention to this matter is appreciated. If any further information is necessary, please contact me at 808-254-7473.

Randall Cayco
Youth Sports Recreation Specialist

FIRST ENDORSEMENT

From: Substance Abuse Counseling Center, Marine Corps Community Services Hawaii
To: Semper Fit Youth Sports, Marine Corps Community Services Hawaii

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

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

Signature of Reporting Official Date: _____

*****PRIVACY ACT STATEMENT*****

Under the provisions of the Privacy Act of 1974 (title 10 U.S. code section 3012). The Social Security numbers of the Volunteer applicant and their military sponsor are requested. This information will be used by the MCCS NAF Personnel Office in accomplishing background checks to determine if the applicant meets the qualifications required by MCO 1710.30C. Disclosure of this information is voluntary; however, failure to do so will result in disapproval of the request to provide services at the Child Development Center, Armed Services Y.M.C.A, and Recreation (Youth Activities, Base Pool and Marina).