

CYSS SPORTS AND FITNESS VOLUNTEER INFO SHEET

Name: _____

Rank: _____

DOB: _____

Home #: _____

Work #: _____

Cell #: _____

Email address: _____

APO Address: _____

Civilian Address: _____

Sport Coaching:

Basketball

Baseball / Softball

Cross Country

Cheerleading

Flag Football

Mountain Biking

Rock Climbing

Skiing

Snowboarding

Soccer

Tennis

Track & Field

Table Tennis

Racquetball

This packet has a total of five pages, it can be filled completely on your computer to include digitally signing the forms with your CAC card. Once completed entirely you can submit this packet directly by clicking



**BACKGROUND CHECK STATEMENT OF UNDERSTANDING
FOR VOLUNTEERS IN CHILD DEVELOPMENT AND YOUTH SERVICES
(USAREUR REG 608-20)**

1. **AUTHORITY:** 10 U.S.C. 3013 AND Executive Order 9397
2. **PURPOSE:** To give permission for agencies to provide clearances by examination of records.
3. **ROUTINE USES:** Signed consent forms will be used to screen records to complete clearance procedures.
4. **DISCLOSURES:** Giving your permission for information is voluntary; however, failure to provide information will result in denial of your volunteer application.

Because of the nature of my potential volunteer service with children or youth, I understand the following checks will be done:

1. Social Work Services records.
2. Local Military Police records check.
3. U.S. Army Criminal Investigation Division (CID) records check.
4. Check of Defense Central Investigation Index (DCII).
5. Community Counseling Center/Alcohol and Drug Abuse check.
6. Family Advocacy Case Management Team (FACMT) records, to include a check of the Army Central registry.

I understand that if any of the above checks contain adverse information; my application to volunteer may be denied. I hereby give my permission, (if youth, parent signature needed), for the above checks to be carried out. I have read and understand the Privacy Act Statement.

Signature

Date

Parent Signature

Date

NAME OF APPLICANT: _____

FORMER NAME: _____

DATE/PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

SPONSOR'S SOCIAL SECURITY NUMBER: _____

SPONSOR'S UNIT: _____

**DEPARTMENT OF THE ARMY HEADQUARTERS,
U.S. ARMY GARRISON VICENZA
UNIT 31401, BOX 92 APO AE 09630**

IMEU-VIC-MWC

Date: _____
(For Official Use Only)

MEMORANDUM FOR:
VICENZA RESIDENT AGENT, SECOND REGION USACIDC, ATTN: CRBN-RVC, APO AE 09630
PROVOST MARSHAL, ATTN: AESE-BSV-PM, APO AE 09630
SOCIAL WORK SERVICE FAMILY ADVOCACY PROGRAM, APO AE 09630

SUBJECT: Background Clearance Check for Volunteer Applicant

1. Request a background check to be done on the following applicant for a volunteer position working with children:

Name: _____ **SSN :** _____

Date of Birth: _____ **Place of Birth:** _____

Full name of Sponsor: _____

Social Security number of Sponsor: _____

2. Please complete the following:

A review of records reveals _____ no derogatory information

_____ derogatory information as follows:

Signature and Date _____
(For official Use Only)

Title _____
(For official Use Only)

3. The POC for this request can be reached at DSN 634-6151.

Alex Ruiz
Director, CYSS Sports & Fitness
U.S.Army Garrison Vicenza

**DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY GARRISON VICENZA
UNIT 31401, BOX 92 APO AE 09630**

IMEU-VIC-MWC

Date: _____
(For official Use Only)

MEMORANDUM FOR: ALCOHOL SUBSTANCE ABUSE PROGRAM (ASAP)

SUBJECT: Background Clearance Check for Volunteer Applicant

1. ASAP background checks are required for all employees and volunteers within the USAG Vicenza Community.
2. Request the following volunteer's record to be screened in your office. At a minimum, record checks should include a review for prior alcohol/drug related incidents, i.e. alcohol related misconduct, substance abuse, and/or drug positive urinalysis. The signed and witnessed 5018-R CONSENT STATEMENT FOR RELEASE OF TREATMENT INFORMATION is attached to this memo.

Full name of volunteer: _____

Social Security number: _____

Full name of Sponsor: _____

Social Security number of Sponsor: _____

3. The POC for this request can be reached at DSN 634-6151.

Alex Ruiz
Director, CYSS Sports & Fitness
U.S.Army Garrison Vicenza

A review of records reveals:

____ no derogatory information

____ derogatory information as follows: _____

The POC for this is the undersigned at DSN 634-7554

Charlie Fields
Alcohol and Drug Control Officer
U.S.Army Garrison Vicenza

ADAPCP CLIENT'S CONSENT STATEMENT FOR RELEASE OF TREATMENT INFORMATION

For use of this form, see AR 600-85; the proponent agency is DCSPER.

SECTION A - CONSENT

I, _____, this _____ day of _____, 19____,
 (client's full name)

do hereby voluntarily consent to the release of the following information by USAG VICENZA ASAP
 (name of installation ADAPCP)
 pertaining to my identity, diagnosis, prognosis, or treatment from any Army record maintained in connection with
 alcohol or other drug abuse education, training, treatment, rehabilitatiton, or research to _____

_____ for the purpose of _____

CLEARING THIS PERSON TO VOLUNTEER IN THE USAG VICENZA COMMUNITY

_____ namely,

INVOLVEMENT WITH THE ASAP WITHIN THE LAST SEVEN YEARS
 (extent or nature of information to be disclosed)

SECTION B - EXPIRATION/REVOCAION

(Check applicable paragraph)

1. I understand that this consent automatically expires when the above disclosure action has been taken in reliance thereon and that, except to the extent that such action has been taken, I can revoke this consent at any time.

- Or -

(For disclosure to civilian criminal justice officials under the provisions of paragraphs 6-9b(4)(b) and 6-10e(3), AR 600-85)

2. I understand that this consent automatically expires 60 days from today's date or when my present criminal justice system status changes to _____

Further, I understand that if my release from confinement, probation, or parole is conditioned upon my participation in the ADAPCP, I cannot revoke this consent until there has been a formal and effective termination or revocation of my release from such confinement, probation, or parole.

SIGNATURE OF CLIENT		DATE
NAME OF WITNESS (Type or print)	SIGNATURE	DATE

SECTION C - APPROVAL AUTHORITY FOR RELEASE OF INFORMATION

NOTE: Other than the MEDCEN/MEDDAC Commander, approval authority for release of information may be delegated to the Program Physician or the Clinical Director.

In my judgment, the release of an evaluation of the present or past status of _____
 (client's name)
 in the alcohol or other drug treatment and rehabilitation program will not be harmful to him/her.

NAME OF MEDCEN/MEDDAC COMMANDER OR DESIGNATED REPRESENTATIVE (Type or print)	DATE
SIGNATURE	

UNCLASSIFIED

MILITARY POLICE RECORD CHECK (AE Reg 190-45)			1. Control number
The Military Police Record Check is intended to be completed within 72 hours to allow for researching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.			
Privacy Act Statement			
<p>AUTHORITY: Title 10, United States Code, Section 3013; 18 USC 921-922; 28 USC 534; DODI 1030.01; AR 190-45; and E.O. 9397.</p> <p>PRINCIPAL PURPOSE: To conduct military police record checks using military police reporting systems. Military police record checks are conducted only for authorized reasons (for example, childcare and youth program providers, access control, unique or special duty assignments, security clearances). Any information released must be restricted to that necessary and relevant to the requester's official purpose.</p> <p>ROUTINE USES: Information collected on this form may be released to law enforcement agencies engaged in the investigation or prosecution of a criminal act or the enforcement or implementation of a statute, rule, regulation or order; and to any component of the Department of Justice for the purpose of representing the DOD.</p> <p>DISCLOSURE: Voluntary; however, failure to provide the required information may result in the inability of this office to conduct the requested checks.</p>			
This data is FOR OFFICIAL USE ONLY and will be maintained and used in strict confidence in accordance with Federal law and regulations. Knowingly and willfully making a false statement on this document may be punishable by fine or imprisonment or both. All information provided by you, which possibly may reflect adversely on your past conduct and performance, may have an adverse effect on you in your goal of employment.			
Section I (to be completed by requester)			
2. Name (Last, first, middle)		3. Sex	4. Place of birth
		Male <input type="checkbox"/>	a. City
		Female <input type="checkbox"/>	b. State/ Country
5. Date of birth (YYYYMMDD)	6. Social security/Passport no.	7. Telephone no.	8. E-mail address
9. I hereby consent to the release of all files produced from the records check.		Signature (requester's signature not required if submitted by authorized agency)	
Section II (to be completed by requesting agency)			
10. Reason for request			
11. Name and agency of requester	12. Grade	13. E-mail address	14. Signature
Section III (to be completed by military police or other agency)			
15. Findings (derogatory information on record)			
No <input type="checkbox"/> Results			
Yes <input type="checkbox"/>			
This is to certify that the above data is correct and true according to the record on file in this office. This information is confidential and cannot be used in any other manner except for official purposes.			
16. Printed name and title	17. Date (YYYYMMDD)	18. Signature	