

Youth Programs Volunteer Package

Volunteer Application Form



FIRST & LAST NAME _____ MAIDEN NAME _____

ADDRESS: _____
STREET CITY/STATE/ZIP

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____

DUTY STATION/SQUADRON/PLACE OF EMPLOYMENT: _____

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

Basketball Coach

Cross Country Coach

Baseball Coach

Softball Coach

Soccer Coach

School Age Program

Flag Football Coach

Youth/Teen Program

Volleyball Coach

Other: _____

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

____ 3-4; ____ 5-6; ____ 7-8; ____ 9-10; ____ 11-12; ____ 13+

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

What experience do you have working with children?

What interests you about volunteering for Youth Programs?

Copy of Immunization Record is needed upon application

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

Applicant Name: _____ Date: _____

Applicant Signature: _____

Volunteer Position Description



Description:

- Coach/mentor youth ages 3-18 in various activities.
- You will be considered a role model for all youth ages 3-18; therefore, sportsmanship, fair play, and full participation are required.

Responsibilities:

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

Qualifications:

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

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

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

Applicant Name: _____

Applicant Signature: _____ Date: _____



TO: AU Family Members, Program Staff, Volunteers and Contractors

FROM: 52 FSS/FSYY

SUBJECT: Confidentiality Policy

Staff and Volunteers who work with families within the community are exposed to Information that is a need to know. You may be aware of financial information, special needs and medical issues, family dynamics and issues within the family. This information might not be discussed in a casual conversation with people who are not part of our program or management staff. This includes parents who do not need to know privacy information regarding other families in the program. This is to protect the privacy of families who utilize our program and to protect the rights of other providers.

Confidentiality is a key aspect of our high level professionalism and dedication to help 52 Wing complete their mission. By dedicating myself to help other families on this installation I understand that I could be reprimanded if I do not adhere to the policy of maintaining confidentiality with the children, families, and other providers within the Airmen and Family Services Flight.

By signing below, I certify that

- *1 have read and understand the above policy;*
- *1 will comply with the policy In my Interactions with staff children, parents, and others who are part of FSS/FSYY;*
- *I understand that any report of violation of the policy will result in the removal from contract with the children, retraining, and possible disciplinary and/or administrative action, to include potential termination or release from the program.*

NAME _____

Date _____

Signature _____

VOLUNTEER AGREEMENT FOR

 APPROPRIATED FUND ACTIVITIES NONAPPROPRIATED FUND INSTRUMENTALITIES

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1588, Authority to accept certain voluntary services; 5 U.S.C. 3111, Acceptance of volunteer service; and DoDI 1100.21, Voluntary Services in the Department of Defense.

PRINCIPAL PURPOSES(S): To acknowledge and document Volunteer Agreement for Appropriated Fund Activities or Nonappropriated Fund Instrumentalities before a statutory individual is allowed to provide volunteer services.

ROUTINE USES: There are no specific routine uses anticipated for this information; however, it may be subject to a number of proper and necessary routine uses that are identified in each of the following systems of records notices: (1) A0608b DFSC, Personal Affairs: Army Community Service Assistance Files (at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570084/a0608b-cfsc/>); (2) NM01754-2, DON Family Support Program Volunteers (at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570427/nm01754-2/>); and (3) F036 AFDPC, Family Services Volunteer and Request Record (at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569815/f036-af-dp-c/>).

DISCLOSURE: Voluntary; however, lack of a signed Volunteer Agreement will limit Government support and eliminate certain benefits to individuals donating voluntary services to Appropriated Fund Activities and Nonappropriated Fund Instrumentalities.

PART I - GENERAL INFORMATION

1. NAME OF VOLUNTEER (Last, First, Middle Initial)	2. NAME OF PARENT/GUARDIAN (If volunteer is under age 18) (Last, First Middle Initial)	3. VOLUNTEER IS (Select one) <input type="checkbox"/> AGE 18 OR OVER <input type="checkbox"/> UNDER AGE 18
4. TELEPHONE NUMBER (Include Area Code)		5. E-MAIL ADDRESS

PART II - VOLUNTEER ASSIGNMENT (to be completed by Accepting Official)

6. INSTALLATION/COMPONENT ACTIVITY SPANGDAHLEM AB, GE	7. ORGANIZATION/UNIT WHERE SERVICE OCCURS 52 FSS/FSYY	8. PROGRAM WHERE SERVICE OCCURS SPANGDAHLEM YP	9. ANTICIPATED DAYS OF WEEK	10. ANTICIPATED HOURS
11. DESCRIPTION OF VOLUNTEER SERVICES The Primary purpose for the establishment of this job is to: (1) perform a variety of sports related functions to support Spangdahlem, Youth Sports Program, (2) be responsible for sports equipment and supplies required for branch activities and operations, (e.g. basketballs, footballs, baseballs, soccer balls and related uniforms and equipment), (3) guidelines used consist of APL, Youth Program and Sports Rules, National Standards of Athletic Coaches, Coaches Code of Ethics, Child Abuse and Sport Supply policies.				

PART III - VOLUNTEER CERTIFICATION

12. **CERTIFICATION**
I expressly agree that my services (or those of my minor child) 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, to participate in any training required to perform assigned voluntary duties, and to follow all installation, unit and organization rules and procedures applicable to the voluntary services I (or my minor child) will be providing.

a. SIGNATURE OF VOLUNTEER	b. SIGNATURE OF PARENT/GUARDIAN (if volunteer is under age 18)	c. DATE SIGNED (YYYYMMDD)
13.a. NAME OF ACCEPTING OFFICIAL (Last, First, Middle Initial)	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

PART IV - TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR AND SIGNED BY VOLUNTEER

14. AMOUNT OF VOLUNTEER TIME DONATED	a. YEARS. (2,087 hours = 1 year)	b. WEEKS	c. DAYS	d. HOURS	15. SERVICE END DATE (YYYYMMDD)
16.a. VOLUNTEER SIGNATURE	b. PARENT/GUARDIAN SIGNATURE (If volunteer is under age 18)	17.a. NAME OF SUPERVISOR (Last, First, Middle Initial)	b. SUPERVISOR'S SIGNATURE	c. DATE SIGNED (YYYYMMDD)	



SUBJECT: Volunteer/ Coach First Aid and CPR Training Requirement

I, _____ have completed the Online CPR, First Aid, and Blood Borne Pathogens Training at:

<http://www.ecprcertification.com/?mscid=fc74fc48a32316f347dfa6201fbef31a>

I acknowledge that this training does NOT CERTIFY me in CPR and First Aid, however, it does fulfill the requirements of having all volunteer coaches TRAINED in CPR and First Aid.

NAME _____

Date _____

Signature _____



Reference Checks

****One must be a current/former supervisor****

Applicant Name: _____

Reference Check #1:

➤ Individual's Name: _____

➤ Individual's Email: _____

➤ Individual's Phone Number: _____

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

Reference Check #2:

➤ Individual's Name: _____

➤ Individual's Email: _____

➤ Individual's Phone Number: _____

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