

MEMORANDUM FOR Child, Youth, and School Services Volunteers


SUBJECT: Volunteer Requirements

1. Reference AR 608-10. Volunteers who work in Child, Youth, and School Services (CYSS) programs must meet general staff criteria (para 3-9), staff health requirements (para 4-25), training requirements as applicable, background screening requirements (paragraph 2-24), and must sign the Volunteer Agreement DD Form 2793(para 3-15).
2. The Following background screenings must be completed for all CYSS volunteer applicants annually. (para 2-24): Army Family Advocacy Program/Army Central Registry, Provost Marshal, Criminal Investigation Division, Army Substance Abuse Program, and Army Substance Abuse Program-IACH.
3. Following completion of background screens all CYSS volunteers are required to attend a Child Abuse course and Special Needs class annually (para 3-17). In addition to these courses, Department of the Army Child and Youth Services require volunteer coaches to be certified by the National Youth Sports Coaches Association by attending a course prior to coaching and renewing annually.
4. Failure to complete all of the requirements may result in suspension of volunteer privileges.
5. CYSS appreciates the efforts our volunteers make to insure each of these requirements is adhered to before working with Army children and youth. For additional information or on scheduled classes, contact the appropriate Program Manager. Thank you for the time you give to Army children and youth.

I, \_\_\_\_\_ have read and understand the CYSS volunteer requirements.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date



RAYCEIL LEWIS OGGs  
Coordinator, Child, Youth, and School Services

**FORT KNOX CHILD AND YOUTH SERVICES (CYS)  
VOLUNTEER REGISTRATION FORM**

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**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** 10 USC 3013, Secretary of the Army; 26 USC 6041, Information at Source; Army Regulation 215-1, Morale, Welfare, and Recreation Activities and Non-appropriated Fund Instrumentalities; DoD Directive 1015.2, Military Morale, Welfare and Recreation (MWR); DoD Instruction 1015.10, Program for Military Morale, Welfare, and Recreation (MWR); and E.O. 9397 (SSN).

**PURPOSE:** To identify potential Child and Youth Services (CYS) volunteers.

**ROUTINE USE:** Provide household and background information and references.

**DISCLOSURE:** Disclosure is voluntary; however, if information is not provided, individuals wishing to do volunteer work within CYS will be denied the opportunity to do so.

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1. Name: \_\_\_\_\_  
(First, MI, Last)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

2. If volunteer is a military soldier please provide the following information.

Rank/Grade: \_\_\_\_\_

Unit: \_\_\_\_\_

Unit Telephone: \_\_\_\_\_

3. List two personal references:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

4. What are your interests?

5. List your experience directly or indirectly related to children/youth.

**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 Fort Knox		5. ORGANIZATION/UNIT WHERE SERVICE OCCURS Child & Youth Services	
6. PROGRAM WHERE SERVICE OCCURS		7. ANTICIPATED DAYS OF WEEK	8. ANTICIPATED HOURS

9. DESCRIPTION OF VOLUNTEER SERVICES

**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>
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>

**FORT KNOX CHILD AND YOUTH SERVICES (CYS)  
VOLUNTEER BACKGROUND CLEARANCE FORM**

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**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

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1. Individual listed below has applied for authorization to be a volunteer with CYS.
2. The information below is required to gain necessary background clearance to become a CYS volunteer.

Applicant's Name: \_\_\_\_\_  
(maiden name, if applicable)

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (MMDDYY)

Place of Birth: \_\_\_\_\_ (City and State)

3. If Applicant is not the Sponsor, additional information is needed to complete background request.

Sponsor's Name: \_\_\_\_\_

Sponsor's Social Security #: \_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_

4. Applicant is aware that signature on this document grants permission for a background check to be conducted by the following agencies.

**Army Family Advocacy Program/Army Central Registry  
Provost Marshal  
Criminal Investigation Division  
Army Substance Abuse Program  
Army Substance Abuse Program – Ireland Army Community Hospital**

5. Applicant authorizes the release of the above information to the appropriate investigating authorities.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**FOR BACKGROUND AGENCY USE ONLY**

Please return completed form to: IMSE-KNX-MWC, ATTN: Outreach Services, 624-6703.

A background check on the above listed individual has been conducted with the following results:

- No derogatory information on file.
- Background check reveals derogatory information.

\_\_\_\_\_  
Agency Signature (person checking background)

\_\_\_\_\_  
Date

