



LUNNEY YOUTH CENTER  
YOUTH SPORTS COACHES REGISTRATION



**ALL COACHES AND ASSISTANT COACHES MUST FILL OUT A COACHES APPLICATION INCLUDING SPOUSES**

Name & Rank/ Rate:		DEROS:	
Box #:	Home Phone:	Duty Phone	
E-mail Address: PLEASE PRINT			

What sport are you interested in coaching? \_\_\_\_\_

Have you coached Youth Sports previously? If yes, how many years and what sport? \_\_\_\_\_

Are you interested in being a head coach or an assistant coach? \_\_\_\_\_

What age division are you interested in coaching? \_\_\_\_\_

Do you have a child/ children in that age division? \_\_\_\_\_

Are you CPR and First Aid certified? \_\_\_\_\_

(Must provide a copy of certification)

**The following information is required for all volunteers who wish to work in a position of Youth Activities**

Have you been arrested or charged with a crime involving a child? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Have you even been charged with child abuse? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Have you ever been arrested or charged with a crime involving drugs or alcohol? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

**I UNDERSTAND AND AGREE THAT:**

It is the policy of this organization to deny volunteer opportunities for individuals who have been convicted of any violent crime or any crime against person(s).

This organization has a strict confidentiality and appeals process concerning the handling of application of individuals with prior criminal histories.

By submitting this application I, \_\_\_\_\_ affirm that all foregoing

Please Print

information I have provided is true and correct. \_\_\_\_\_

Signature

Date

**Note: You may be paired up with another coach depending on the need for coaches, and experience level.**

Privacy act authority: title 10, USC section 8013

Principle purpose: to provide background clearance information regarding prospective youth services providers and family members.

Routine uses: no information is disclosed outside Department of Defense (DoD)

Disclosure: disclosure of required information is voluntary. However, if the information is not provided, applicant may be denied to become a youth services volunteer.

If you fail to tell the truth or fail to list all relevant events of circumstances, this may be grounds for you not being able to provide service, or criminal prosecution.

Right to challenge: you have the right to challenge the accuracy of records under provisions of the DOD Directives 5400.11

## YOUTH SPORTS VOLUNTEER JOB DESCRIPTION

- TITLE:** Volunteer coach for Misawa Youth Sports & Fitness
- DESCRIPTION:**
- \*Coach of male or female athletes between the ages of 5-18.
  - \*You will be considered a role model for 10-23 (depends on season) young athletes assigned to your team; therefore sportsmanship, fair play, and full participation are mandatory.
- RESPONSIBILITIES:**
- \*Plan and supervise practices and events.
  - \*Supervise assistant coaches, managers, and team parents.
  - \*Teach the young athletes the fundamentals of the sport.
  - \*Encourage the involvement of the parents in the sport.
  - \*Schedule and conduct parent and other necessary meetings.
  - \*Provide a safe and fun environment for the children.
  - \****Learn and follow all league rules, policies, and procedures.***
  - \*Give each player equal playing time.
  - \****Put the feelings of the players ahead of your desire to win.***
  - \*Attend all league functions and participate in league activities.
- QUALIFICATIONS:**
- \*Successfully complete the application procedure and pass a background check.
  - \*Attend any scheduled coaching interviews or meetings.
  - \*Successfully complete the National Youth Sports Coaches Association (NYSCA) Certification Program prior to the beginning of the season.
  - \*Be enthusiastic.
  - \*Not want to win at all costs.
  - \*Must be patient, especially with children.
  - \*Must have current CPR and First Aid.
  - \*Attend child abuse training.
  - \***Be organized.**
  - \***Be dependable.**
- INFORMATION:** **As a volunteer coach, you are treated by local, state, and federal law as being an unpaid employee of the agency in which you are associated with; therefore, you must conduct yourself in the same manner as you would your own job. In the same respect, you will receive the same treatment, aside from compensation and benefits, as the employees of Misawa Youth Sports & Fitness.**

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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Date

**Please note: Failure to sign this page will render the application incomplete and unacceptable.**

**ACKNOWLEDGE OF RIGHTS  
AND  
CONSENT TO RELEASE RECORDS**

**AUTHORITY: 42 U.S.C. 13041 AND 10 U.S.C. 8013**

**PRINCIPAL PURPOSE:** To comply with Public Law 1001-647, Section 231, and DoDI 1402.5, Criminal History Background Checks on Individuals in Child Care Service.

**DISCLOSURE: MANDATORY.** In the case of an applicant for employment in a position involved with children under the age of 18, refusal to sign this form shall result in the employer's refusal to consider the application for employment. In the case of an incumbent of a position involved with children under the age of 18, refusal to sign this form shall result in removal from such position.

**EMPLOYEE ACKNOWLEDGEMENT:**

1. I have been advised and understand that the United States Air Force, as a federal employer, has an obligation to require a record check as a condition of my employment in a position involved with children under the age of 18. I have been further advised to such employer or potential employer and to challenge the accuracy and completeness of any information included in such report.
2. I understand that the record check will include the following:
  - a. A state Criminal History Repository Check in the state where I currently reside and in states where I have formerly resided.
  - b. An Installation Records Check at all installations I have identified as residences during the preceding two years. This records check will include, as a minimum, inquires of the Security Police, Medical Treatment facility, the Family Housing Office, the Social Actions Office, the Family Advocacy Office, and the Mental Health Office.
  - c. A Nation Agency check with Inquiries, including a Federal Bureau of Investigation fingerprint check.
3. I hereby authorize any Federal, State, or Local Agency or Office to release any record relation to me which is necessary to complete the record checks described above.

**SIGNATURE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

DEPARTMENT OF THE AIR FORCE  
PACIFIC AIR FORCES

MEMORANDUM TO: 35 MDOS/SGOMH "MENTAL HEALTH"  
35 MDOS/SGOMH "FAMILY ADVOCACY"  
35 CES/CEH "FAMILY HOUSING"  
35 SFS/SFAR "SECURITY FORCES"

FROM: 35 FSS/FSFY (Youth Center)

SUBJECT: Installation Record Check (IRC)

DOD 1402.5 Criminal History Background Checks on Individuals I Youth Activities, requires that an IRC be completed on individual's working/volunteering in childcare or youth services. Additionally, AFI 34-801, states that all volunteers sign a statement declaring that they have never been arrested for or convicted of a crime involving a child.

1. Please provide the information below to help us process your paperwork:

\_\_\_\_\_  
(Applicants Name) - Last, First, MI (SSAN) (Rank) (Branch of Service) (Home Phone) (House #)

I, \_\_\_\_\_, authorize the release of my criminal history and medical records.  
(Print) (Persons under 18 must be signed by sponsor).

\_\_\_\_\_  
(Signature) (Date)

2. **35 CES/FAMILY HOUSING:** I certify a local records check has been completed and no information exists unless indicated which would prevent this individual from being employed in the capacity identified above:

Date Screened: \_\_\_\_\_ Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Screening Official: \_\_\_\_\_  
(Print Name and Title)

3. **35 MDOS/LIFE FAMILY ADVOCACY:** I certify a local records check has been completed and no information exists unless indicated which would prevent this individual from being employed in the capacity identified above:

Date Screened: \_\_\_\_\_ Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Screening Official: \_\_\_\_\_  
(Print Name and Title)

4. **35 MDOS/MENTAL HEALTH:** I certify a local records check has been completed and no information exists unless indicated which would prevent this individual from being employed in the capacity identified above:

Date Screened: \_\_\_\_\_ Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Screening Official: \_\_\_\_\_  
(Print Name and Title)

5. **35 SFS/SSRA:** I certify a local records check has been completed and no information exists unless indicated which would prevent this individual from being employed in the capacity identified above:

Date Screened: \_\_\_\_\_ Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Screening Official: \_\_\_\_\_  
(Print Name and Title)

6. If you have any questions pertaining to the background check, please contact this office at 226-3220. Thank you for your assistance.

\_\_\_\_\_  
MARI HOSCH, CIV, USAF  
Youth Sports Director

Privacy act authority: title 10, USC section 8013

Principle purpose: To provide background clearance information regarding prospective youth services providers and family members.  
Routine Uses: No information is disclosed outside Department of Defense (DOD).

Disclosure: Disclosure of required information is voluntary, however, if the information is not provided, applicant may be denied to become a Youth Services Volunteer. If you failed to tell the truth or fail to list all relevant events of circumstances, this may be grounds for you not being able to provide service, or criminal prosecution (Title 18 US Section 1001).

Right to Challenge: You have the right to challenge the accuracy of records under provisions of the DOD Directives 5400.11.



**DEPARTMENT OF THE AIR FORCE  
PACIFIC AIR FORCES**

MEMORANDUM

TO: AFOSI

FROM: 35<sup>TH</sup> FSS/FSFY (Youth Sports)

SUBJECT: Request for Check of Defense Clearance and Investigations Index (DCII)

1. According to DoDI 1402.5, Criminal History Background Checks on Individuals in Child Care Services, we are required to conduct a DCII name check on subject employee. The following information is provided to assist you in the check:

- a. NAME:
- b. DOB:
- c. SSN:

2. The employee has signed an Acknowledgement of Rights and consent to Release Records form. Please direct all questions or comments to the Youth Sports Director at 226-3220.

1<sup>st</sup> Ind, AFOSI

TO: 35<sup>th</sup> SVS/ SVH

\_\_\_\_\_No Unfavorable Information

\_\_\_\_\_Unfavorable Information Attached

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

NAME (Last, First, Middle Initial)  
 ADDRESS (Include ZIP Code)

SSAN  
 HOME TELEPHONE NO. DATE OF BIRTH  
 SEX  
 FEMALE  
 MALE

MARITAL STATUS  
 SINGLE WIDOWED  
 MARRIED DIVORCED

EDUCATION (Highest grade completed)  
 OCCUPATION (Employer/School)  
 BUSINESS TELEPHONE NO.

PARENTS OR GUARDIAN (Name and address, include ZIP Code)  
 HOME TELEPHONE NO.  
 BUSINESS TELEPHONE NO.

REMARKS

I, the undersigned, desire to volunteer my services to the MWR program at \_\_\_\_\_  
 I expressly agree that such services are offered at no cost to the US Government or any instrumentality thereof. I expect no present or future compensation as a result of the services to be performed by myself. I understand that the performance of services entitle me to no compensation, either in pay or benefits, and I agree that I shall not present any claims against the United States or any agency, instrumentality, or employee thereof.

SIGNATURE OF VOLUNTEER

DATE ACCEPTED BY (Signature)

MWR VOLUNTEER PERSONAL DATA

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - See Releasé)

**Personal Reference's**  
One must be a current/former supervisor

\_\_\_\_\_  
Applicant Name

**Reference # 1**

Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Home Phone \_\_\_\_\_ Please include area code if in U.S.

Work Phone \_\_\_\_\_ Please include area code if in U.S.

E-mail \_\_\_\_\_

Relation: Supervisor Friend Relatives Co-worker Other

**Reference # 2**

Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Home Phone \_\_\_\_\_ Please include area code if in U.S.

Work Phone \_\_\_\_\_ Please include area code if in U.S.

E-mail \_\_\_\_\_

Relation: Supervisor Friend Relatives Co-worker Other



## COACHES' CODE OF ETHICS

**I** hereby pledge to live up to my certification as a NYSCA Coach by following the NYSCA Coaches' 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** promise to review and practice 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 all of the skills that I teach.
- **I** will remember that I am a youth sports coach, and that the game is for children and not adults.

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

\_\_\_\_\_  
Date