



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? \_\_\_\_\_

(Please 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

AF FORM 2040 PREVIOUS EDITION IS OBSOLETE.  
SEP 78

NAME (Last, First, Middle Initial)		SSAN	DATE
ADDRESS (Include ZIP Code)		HOME TELEPHONE NO.	DATE OF BIRTH
			SEX
			FEMALE
			MALE
MARRITAL STATUS		EDUCATION (Highest grade completed)	OCCUPATION (Employer/School)
SINGLE	WIDOWED		
MARRIED	DIVORCED		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)
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# NYSCA

## Coaches' Code of Ethics

**I hereby Pledge to live up to my certification as an 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 will promise to review and practice the 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 each of the skills that I teach.
- I will remember that I am a youth sports coach, and that the game is for the children and not adults.

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

Date \_\_\_\_\_



DEPARTMENT OF THE AIR FORCE
PACIFIC AIR FORCES

MEMORANDUM TO: 35 MDOS/SGOMH "MENTAL HEALTH"
35 MDOS/SGOMHF "FAMILY ADVOCACY"
35 CES/CEH "FAMILY HOUSING"
35 SFS/SFAR "SECURITY FORCES"
35 FSS/FSFY (Youth Sports)
FROM:
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) (SSN) (Rank) (Branch of Service) (HomePhone) (Blg /House #)

I, [redacted], authorize the release of my criminal history, medical records, and mental health records.

(Signature) (Date)

2. 35 SFS/SFAR: 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: (Type Name and Title)

3. 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: (Type Name and Title)

4. 35 MDOS/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: (Type Name and Title)

5. 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: (Type Name and Title)

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

Kimberly Alston- GS-05
Child and Youth Program Assistant

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)- NAME

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 (OVER). Please direct all questions or comments to the Youth Sports Director at 6-3220.

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

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

\_\_\_\_\_ No Unfavorable Information

\_\_\_\_\_ Unfavorable Information Attached

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

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

# 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

**AUTHORIZATION FOR DISCLOSURE OF SUBSTANCE ABUSE RELATED RECORDS**

**Privacy Act Statement**

In accordance with the Privacy Act of 1974 (Public Law 93-579), the notice informs you of the purpose of the form and how it will be used.

**AUHORITY:** 42 CFR Part 2; 42 U.S.C 290dd-2; E.O. 9397 (SSAN); DoD 1010.4; Public Law 104-191; DoD 6025.18-R.

**PRINCIPLE PURPOSE(S):** This form is to provide the Military Treatment Facility/TRICARE Health Plan with a means to request the use and/or disclosure of an individual's protected health information with respect to Substance Abuse related records.

**ROUTINE USES:** To any third party or the individual upon authorization for the disclosure from the individual for: legal; continued medical care; security clearance check; personal use; or for other reason.

**DISCLOSURE:** Voluntary. Failure to sign the authorization form will result in the non-release of the protected health information.

**PROHIBITION ON REDISCLOSURE:** This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR Part 2; 42 U.S.C 290dd-2) prohibit you from making further disclosure of this information without the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

**Section 1 – Patient Data**

1. NAME (Last, First, Middle Initial)	2. Sponsor's SSN	3. Date of Birth (YYYYMMDD):
4. Patient's Address (Street, City, State, ZIP Code)		5. Patient's Telephone Number

**Section 2 – Disclosure**

6. I AUTHORIZE \_\_\_\_\_ TO RELEASE MY PATIENT INFORMATION TO:

a. NAME OR TITLE OF PERSON OR ORGANIZATION  <b>Lunney Youth Center FSS/FSFY</b>	b. ADDRESS (Street, City, State, ZIP Code)  <b>Unit 5019 Bldg 112, APO AP 96319</b>
b. TELEPHONE (Include Area Code)  <b>315-226-3220</b>	d. FAX (Include Area Code)

7. Purpose or Need for the Information

<input type="checkbox"/> Legal	<input type="checkbox"/> Continued Medical Care	<input type="checkbox"/> Security Clearance Check	<input type="checkbox"/> Personal Use (COPY OF MY RECORD)	<input checked="" type="checkbox"/> Other (Specify): Background Check
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8. Information to be Released (or Copied for Personal Use):

**Substance Abuse History**

9. Start Date (YYYYMMDD): <b>NA</b>	10: Expiration Date: <b>NA</b>	Or Action Completed
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**Section 3 – Release Authorization (I understand that):**

a. I may revoke this authorization at any time, except to the extent that action has already been taken in reliance on this authorization. My revocation must be in writing and provided to the facility where my records are kept or to the TMA Privacy Officer if this is an authorization for information possessed by the TRICARE Health Plan rather than an MTF/DTF. I am aware that if I later revoke this authorization, the person(s) I herein name will have used my protected health information on the basis of this authorization.

b. I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR § 164.524.

c. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment, payment, enrollment or eligibility on the failure to obtain this authorization.

11. Signature of Patient or Legal Representative:	Relationship to Patient:	Date (YYYYMMDD):
12. Signature of Witness (If required by State Law):		Date (YYYYMMDD):

**Section 4 – FOR STAFF USE ONLY (To be completed only upon receipt of written revocation)**

13. Authorization Revoked	14. Revocation completed by	15. Signature	Date (YYYYMMDD):
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# 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.**

