



YOKOTA YOUTH PROGRAMS VOLUNTEER PACKAGE

PART 2

To: Youth Center

DIRECTIONS

1. Please ensure you have completed Package Part 1 and made appointment with NAF Human Resource Office at 225-3920.
2. Fill out all the forms listed below completely and sign where applicable.
 - *DD Form 2793
 - *Emergency Contact Information
 - *Two references
 - *Application Form
 - *Ethics
 - *History of Experience
 - *Volunteer Position Description
3. Before submission to Youth Programs check all documentation for accuracy and completion.
4. Submit a copy of your shot record and CPR/ First Aid Card (Self-Aid Buddy Care can replace First Aid) along with the package.
5. There will be a coaches meeting (TBA).

If you have any questions please contact Youth Sports Staff or the Youth Center at DSN 225-7441. If any other volunteer questions or concerns outside of youth sports please contact the Youth Center.

Thank you for your service!

-374 FSS/FSFY

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 1 - 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
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4. TELEPHONE NUMBER (Include Area Code)	5. E-MAIL ADDRESS
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PART II - VOLUNTEER ASSIGNMENT (to be completed by Accepting Official)

6. INSTALLATION/COMPONENT ACTIVITY	7. ORGANIZATION/UNIT WHERE SERVICE OCCURS	8. PROGRAM WHERE SERVICE OCCURS	9. ANTICIPATED DAYS OF WEEK	10. ANTICIPATED HOURS
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11. DESCRIPTION OF VOLUNTEER SERVICES

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

**VOLUNTEER AGREEMENT FOR APPROPRIATED FUND ACTIVITIES or NONAPPROPRIATED
INSTRUMENTALITIES INSTRUCTIONS FOR COMPLETING DD FORM 2793**

DD Form 2793, Volunteer Agreement for Appropriated Fund Activities and Nonappropriated Fund Instrumentalities, is available online at, <http://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2793.pdf>. A Volunteer Agreement must be completed and signed by both Volunteer (or Parent/Guardian of volunteer under the legal age of majority) and Government Accepting Official (Installation Volunteer Coordinator or similar) before volunteer begins voluntary service. The accepting official will furnish the volunteer a copy of DD Form 2793, and retain the original in accordance with *DoD Instruction (DODI) 1100.21, Voluntary Services in the DoD* and the Military Departments' Records Disposition Issuances.

VOLUNTEER AGREEMENT FOR APPROPRIATED FUND ACTIVITIES or NONAPPROPRIATED INSTRUMENTALITIES. To be completed by Government official applicable to the volunteer's assignment.

PART I - GENERAL INFORMATION (to be completed by Volunteer or Parent/Guardian as specified)

1. **NAME OF VOLUNTEER.** (Last, First, Middle Initial)
2. **NAME OF PARENT/GUARDIAN.** (if volunteer is under legal age of majority) (Last, First, Middle Initial) Parent/guardian signature is required only if volunteer is under the legal age of majority.
3. **VOLUNTEER IS: AGE 18 OR OVER OR UNDER AGE 18.** Check applicable box to indicate whether volunteer is an adult or minor child (under the legal age of majority).
4. **TELEPHONE NUMBER.** (Include Area Code) List number where volunteer prefers to be contacted.
5. **E-MAIL ADDRESS.** List address where volunteer prefers to be contacted.

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

6. **INSTALLATION/COMPONENT ACTIVITY.** List the installation/component activity where voluntary service will be performed or that assumes primary responsibility for the volunteer program.
7. **ORGANIZATION or UNIT WHERE SERVICE OCCURS.**
8. **PROGRAM WHERE SERVICE OCCURS.** List organization or unit program or location where voluntary services will be performed.
9. **ANTICIPATED DAYS OF WEEK.** List anticipated day(s) volunteer will be donating services.
10. **ANTICIPATED HOURS.** List anticipated times or number of volunteer hours to be provided per specified time period.
11. **DESCRIPTION OF VOLUNTEER SERVICES.** Briefly describe assigned voluntary service duties.

PART III - VOLUNTEER CERTIFICATION

12. **CERTIFICATION.** Certification must be signed and dated by both Volunteer and Government Official accepting volunteers providing voluntary services. Accepting Official must check either Appropriated Fund Activity or **Non-appropriated** Fund Instrumentality at the top of DD Form 2793.
 - a. **SIGNATURE OF VOLUNTEER.**
 - b. **SIGNATURE OF PARENT/GUARDIAN.** (if Volunteer is under legal age of majority).
 - c. **DATE SIGNED (YYYYMMDD).** List date signed by Volunteer.
13. **NAME OF ACCEPTING OFFICIAL.**
 - a. (Last, First, Middle Initial).
 - b. **SIGNATURE.** Signature of Accepting Official.
 - c. **DATE SIGNED (YYYYMMDD).** List date signed by Accepting Official.

PART IV - 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.** This may apply to volunteers designated as Special Government Employees. Consult Ethics Counselor for details.
 - d. **HOURS.** Total number of voluntary service hours donated.
15. **SERVICE END DATE (YYYYMMDD).** Volunteer Supervisor lists final day of voluntary service.
16. **VOLUNTEER SIGNATURE.**
 - a. **Volunteer's signature verifies voluntary service time donated.**
 - b. **PARENT/GUARDIAN SIGNATURE.** (if Volunteer is under legal age of majority).
17. **NAME OF SUPERVISOR.**
 - a. (Last, First, Middle Initial) of Volunteer Supervisor.
 - b. **SUPERVISOR SIGNATURE.** Signature of Volunteer Supervisor or Accepting Official verifies total amount of voluntary service time donated.
 - c. **DATE SIGNED (YYYYMMDD).** Date signed by Volunteer Supervisor or Accepting Official.



**Yokota Youth Programs Volunteer
Package**

In Case of an Emergency Youth Programs Should Contact:

Name: _____

Phone Number: _____

Relationship to Volunteer: _____

Or

Name: _____

Phone Number: _____

Relationship to Volunteer: _____



Reference Check:

II. Name of Employee: _____

- a. In what capacity and how long have you known the applicant?

- b. How would you describe the candidate's ability to relate to customers and children and youth?

- c. Does the applicant accept responsibility and follow through on assignments?

- d. Is the applicant honest and trustworthy?

- e. How would you describe the candidate's work-habits, punctuality, attendance, and attitude?

- f. Would you recommend this person to be a Youth Sports Volunteer?

Printed Name

Signature

Date

Contact Information

Email: _____

Phone Number: _____



Reference Check:

I. Name of Employee: _____

- a. In what capacity and how long have you known the applicant?

- b. How would you describe the candidate's ability to relate to customers and children and youth?

- c. Does the applicant accept responsibility and follow through on assignments?

- d. Is the applicant honest and trustworthy?

- e. How would you describe the candidate's work-habits, punctuality, attendance, and attitude?

- f. Would you recommend this person to be a Youth Sports Volunteer?

Printed Name

Signature

Date

Contact Information

Email: _____

Phone Number: _____



Yokota Youth Programs Volunteer Package

Application Form

FIRST & LAST NAME: _____ MAIDEN NAME: _____

ADDRESS: _____

STREET

CITY/STATE/ZIPCODE

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

EMAIL ADDRESS: _____

DUTY STATION/SQUADRON/PLACE OF EMPLOYMENT: _____

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

____ Baseball Coach/Asst. Coach

____ Basketball Coach/Asst. Coach

____ Football Coach/Asst. Coach

____ Soccer Coach/ Asst. Coach

____ Volleyball Coach/ Asst. Coach

____ Youth Sports Volunteer

____ Teen Center Volunteer

____ Youth Center Volunteer

____ Other

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.*

NAYS/NYSCA: *Youth Sports will provide NAYS/NYSCA certification that includes liability insurance. Coaches must attend intitial coaches training and sport specific trainings to maintain membership and coverage.*

Applicant Name: _____

Applicant Signature: _____ Date: _____



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 not cheat or engage in any form of unethical behavior that violates league rules.
- **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



Yokota Youth Programs Volunteer Package

History of Experience

1. What interests you about volunteering for Youth Programs?

2. What experience do you have working with children?

3. List any formal training you have received pertaining to youth and or coaching.

4. What ages are you interested in coaching/working with?

- 5/6 year olds 7/8 year olds 9/10 Boys 9-11 Girls 11/12 Boys
 12/15 Girls 13/15 Boys 9/12 year olds 13/18 year olds

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

I certify that, to the best of my knowledge and belief, all of the above statements are true, correct, complete, and made in good faith.

Applicant Name: _____

Applicant Signature: _____ Date: _____



Yokota Volunteer Position Description

TITLE:

Volunteer for Yokota Youth Programs

DESCRIPTION:

- Be a mentor to all youth ages 5-18 in various activities
- You will be considered a role model for youth ages 5-18

RESPONSIBILITIES:

Note: "CO" applies to coaches/officials

- Plan and supervise games, practices, and events
- Supervise assistant coaches, managers, or team parents (CO)
- Teach young athletes the fundamentals of the sport (CO)
- Encourage the involvement of the parents -Schedule and conduct parent and other necessary meetings (CO)
- Provide a safe and fun environment for the children
- Learn and follow all league rules, policies, and procedures (CO)
- Give each player equal playing time (CO)
- Put the feelings of the players ahead of your desire to win (CO)
- Encourage all youth to make healthy decisions
- Help to implement or coordinate special interest projects and programs
- Must maintain a positive respectful attitude around in Youth Programs
- Give assistance in other areas as needed prior to the beginning of the season (CO)
- Not want to win at all costs (CO)
- Be organized, enthusiastic, patient (especially with youth), and dependable
- Complete necessary training as outlined on Volunteer Training Operating Instruction

QUALIFICATIONS:

- Successfully complete the application procedure and pass a background check with fingerprints
- Attend any scheduled interviews or meetings
- Successfully complete the National Youth Sports Coaches Association (NYSCA) Certification Program (CO)
- Provide updated immunization record as requested per AFI
- Provide and maintain CPR/First-Aid

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.

I agree that I have read and understand the above position description for a youth programs volunteer position, and that I accept the terms of the position description.

Signature: _____

Date: _____