



INSTRUCTION

1. **Fill out** all the forms listed below completely and sign where applicable.

- *DD Form 2793
- *DD Form 2981
- *Application Form
- *Emergency Contact Information
- *Volunteer Position Description
- *Two References

-> All signatures **MUST** be;
Wet Signature
or
CAC Verified Signature

**Do NOT lock the document after signing*

2. **Attach** a copy of **current immunization record** with flu shot or request waiver

3. **Submit** at Youth Sports office in Bldg. 1592 (Kibo School Age Care on the east side)

-> Wet Signature -> hand in at the office
CAC Signature -> email or above

4. **Complete** the coaches' survey for scheduling background check(link in the email)

If you have any questions please contact Yokota Youth Sports Staff at DSN 225-4199 in building 1592.

Thank you for your service!

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 | |
| 4. TELEPHONE NUMBER (Include Area Code) | | 5. E-MAIL ADDRESS | |

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 |
| 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.

| | | |
|--|--|---------------------------|
| 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) | |

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.

BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION
(Department of Defense Child Care Services Programs)

 OMB No. 0704-0516
 OMB approval expires:
 20241031

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PRIVACY ACT STATEMENT

AUTHORITY: 34 U.S.C 20351, Child Care Worker Employee Background Checks Requirements for Background Checks; Public Law 115-91, Section 925, (NDAA for FY2018) Background and Security Investigations for Department of Defense Personnel (10 U.S.C. 1564 note); 5 U.S.C. 9101, Access to Criminal History Records for National Security and Other Purposes; Executive Order 10450 Security Requirements for Government Employees; DoD Instruction 1402.05, Background Checks on Individuals in DoD Child Care Services Programs; DoD Manual 1402.05, Background Checks on Individuals in Department of Defense Child Development and Youth Programs.

PRINCIPAL PURPOSE(S): To collect criminal history information of DoD personnel or contractors seeking to work with children in DoD child care services programs. Information received may be used to assess preliminary interim, on-going, or final suitability/fitness of DoD personnel or contractors working with children in these programs.

ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, these records may specifically be disclosed outside of DoD pursuant to 552a(b)(3), including as follows: To designated officers and employees of Federal, State, local, territorial, tribal, international, or foreign agencies, or other public authorities, or to other offices or establishments in the executive, legislative, or judicial branches of the Federal Government, in connection with the hiring or retention of an employee, the conduct of a suitability, credentialing, or security investigation, the classifying of jobs, the letting of a contract, or the issuance of a license, grant or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter and the Department deems appropriate; to the appropriate Federal, State, local, territorial, tribal, foreign, or international law enforcement authority or other appropriate entity where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law.

A complete list of routine uses may be found in the applicable System of Records Notice (SORN), DUSDI-02 DoD, Personnel Vetting Records System, at <https://dpcl.d.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DUSDI-02-DoD.pdf>

DISCLOSURE: Voluntary. However, failure to provide all requested information may result in an unfavorable adjudication or determination regarding suitability or fitness to work with children.

| | | |
|--|-------------------------------------|-----------------------------------|
| 1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements.) | 2. OTHER NAME(S) USED | |
| 3. DATE OF BIRTH (YYYYMMDD) | 4. INSTALLATION/PROGRAM NAME | 5. DATE OF HIRE (YYYYMMDD) |

6. Have you EVER been apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law or Municipal law? (Do not include traffic fines of less than \$300.) In addition, are you aware of a current allegation/investigation of child abuse/neglect or domestic violence by you, or have you otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category. For any YES answers, complete columns 1-6 and provide a complete summary of the incident on page 2, block 9. Summary should include any disposition or potential mitigating information.

| | | | | | | | | |
|--------------------------|------------------------------|-----------------------------|--------------------|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| CHILD ABUSE/ NEGLECT: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | DRUG OR ALCOHOL: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | VIOLENT CRIME/ ASSAULTIVE BEHAVIOR: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| SEX CRIME: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | DOMESTIC VIOLENCE: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | OTHER: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| (a) Month/ Year(MM/YYYY) | (b) Offense | (c) Action Taken | (d) Court or Law Enforcement Agency (City & Country if outside the United States) | (e) State | (f) Zip Code | (g) Date of Self- Report(YYYYMMDD) |
|-----------------------------|-------------|---------------------|--|-----------|-----------------|---------------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

7. I certify that the information provided above is accurate. I understand that I must immediately report to my employer/supervisor or Child and Youth Program representative if I am apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law, or Municipal law referenced in block 6. In addition, I will immediately report when I am aware of a current allegation/investigation of child abuse/neglect or domestic violence by you, or have otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category.

| | |
|---------------------|---------------------------|
| a. SIGNATURE | b. DATE (YYYYMMDD) |
|---------------------|---------------------------|

8. ANNUAL CERTIFICATIONS (Required by Child Development and Youth Program Staff and Volunteers. Certify for the most year recent only.)

In the past year, have you been apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law, or Municipal law? (Do not include traffic fines of less than \$300.) In addition, are you aware of a current allegation/investigation of child abuse/neglect or domestic violence by you, or have you otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category.

Failure to disclose accurate information may be grounds for dismissal, termination, or debarment from participating in the program.

| | | | | | |
|-----------------------------------|----------------------|-------------------------------|-----------------------------------|----------------------|-------------------------------|
| a. 2nd YEAR (Yes or No) | (1) SIGNATURE | (2) DATE (YYYYMMDD) | b. 3rd YEAR (Yes or No) | (1) SIGNATURE | (2) DATE (YYYYMMDD) |
| c. 4th YEAR (Yes or No) | (1) SIGNATURE | (2) DATE (YYYYMMDD) | d. 5th YEAR (Yes or No) | (1) SIGNATURE | (2) DATE (YYYYMMDD) |

Failure to provide information may result in an unfavorable adjudication decision.

BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION
(Department of Defense Child Care Services Programs)

9. NOTES (Use this space to enter additional comments.)

10. AUTHORIZATION AND RELEASE CERTIFICATION

I hereby authorize the Department of Defense and other authorized federal agencies to obtain any information required from the Federal government, state agencies, and/or foreign governments, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Counterintelligence and Security Agency (DCSA), the U.S. Office of Personnel Management (OPM), the Department of Homeland Security (DHS), (if applicable), and from the State Criminal History Repository for each state where I have resided. This authorization is valid for one year from the date this form was signed or until termination of my affiliation with the Federal Government, whichever is sooner.

I have been notified of any employer's or Agency's right to require a criminal history records check as a condition of employment, or affiliation with DoD Child Care Services Programs. I understand that I may request a copy of such records as may be available to me under the law. I understand that I have a right to challenge the accuracy and completeness of any information contained in the criminal history records check report. I also understand that pursuant to the Privacy Act, the information collected will be safeguarded, including for the purpose of conducting the background check.

I release any individual, including records custodians, any component of the United States Government or the individual State Criminal History Repository supplying information, from all liability for damages that may result on account of good-faith compliance, or any good-faith attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

I declare under penalty of perjury that the statements made by me on this form are true, complete and correct. In addition to the annual certification, I understand that it is my responsibility to immediately inform my employer/supervisor or Child and Youth Programs representative if I am apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law, or Municipal law with a crime referenced in block 6. (Do not include traffic fines of less than \$300.). In addition, I will immediately report when I am aware of a current allegation/investigation of child abuse/neglect or domestic violence, or have otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category. I also understand that if I am a family child care provider that I will make the same report for the same offenses for members in my household.

WARNING: False statements are punishable by law and could result in fines and/or imprisonment for up to five years.

a. SIGNATURE

b. DATE SIGNED (YYYYMMDD)

11. PARENT CONSENT FOR MINORS:

If the applicant is a minor, a Parent or Legal Guardian must grant permission below for the background checks. The Parent/Legal Guardian is certifying they understand the purposes of these checks and hereby provide consent for the background checks.

a. SIGNATURE OF PARENT/GUARDIAN (if under age 18)

b. DATE SIGNED (YYYYMMDD)

INSTRUCTIONS

This Department of Defense Form is to be completed by prospective or current employees, volunteers, DoD contractors or employees of DoD contractors, Family Child Care (FCC) providers, and adults residing in the FCC home upon application for any position within a Department of Defense Child Care Services Programs. The form will be utilized for initial certification that said individual has not been apprehended, arrested, charged, or convicted by Federal, State, or other Local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), Military law, State law, County law, or Municipal law, Regulation or Ordinance, nor have they been apprehended, arrested, charged or held by Federal, State or Local Authorities for any crime or offense involving any of the following: Crime involving a child, sex crime, drug or alcohol offense, domestic violence, violent crime/assaultive behavior, or other. FCC providers will also report the same offenses for members in their household. Individuals who work and volunteer in DoD Child Development and Youth Programs must update this form on an annual basis.

Completion of this form is voluntary; however, failure to provide requested information may result in an unfavorable adjudication or determination regarding suitability or fitness to work with children in support of DoD child care services programs

1. Provide your last, first, and middle name. Do not use initials or abridgements.
2. Provide any other names used to include maiden name.
3. Provide your date of birth in YYYYMMDD format.
4. Provide the installation and DoD program where you seek employment or to volunteer; if operating or residing in a FCC home, provide the address of the FCC home.
5. Provide the date of hire. *To be completed by HR or Security Manager.*
6. Place an X in the appropriate box based on whether you EVER been apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law, or Municipal law? (Do not include traffic fines of less than \$300.) In addition, are you aware of a current allegation/investigation of child abuse/neglect or domestic violence by you, or have you otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category. Be sure to disclose any covered charges or incidents, even if they were expunged, and/or even if you would not otherwise need to disclose them on an employment application or forms, as they may be identified in the background check process. You must also disclose all covered incidents, even if you did so on a previous consent and self-disclosure form and/or even if the incident was previously adjudicated.

If you answered "Yes," explain your answer in the space provided. If additional space is needed, use block 9.

Use column 6.g for subsequent self-reports (as applicable).

7. Sign and Date.
8. On an annual basis, for the most recent year only, select the appropriate answer (yes or no) or write in the appropriate response indicating if you have been apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law or Municipal law? (Do not include traffic fines of less than \$300.) In addition, are you aware of a current allegation/investigation of child abuse/neglect or domestic violence by you, or have you otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category.
9. If needed, use this space for additional comments to explain blocks 6 and/or 8.
10. Sign and date.



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

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 intital coaches training and sport specific trainings to maintain membership and coverage.

Applicant Name: _____

Applicant Signature: _____ Date: _____



**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: _____



INTRODUCTION

the National Alliance for Youth Sports (NAYS) provides an online training for coaches involved in youth activities.

Per AFI, its membership is required and has to be renewed annually for Youth Sports coaches.

REGISTRATION

Yokota Youth Sports will pay for the required trainings and membership. Youth Sports will create a new account for you, or purchase trainings on your pre-existing account.

Email Address:

*Use a private email (@gmail.com, @yahoo.com, etc.)

NAYS ID:

*If exists



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

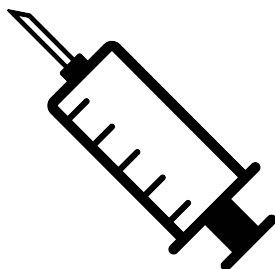
As a volunteer, you are treated by local, state, and federal law as being an unpaid employee of the agency with which you are associated; therefore, you must conduct yourself in the same manner as you would at your own job. In the same respect, you will receive the same treatment, aside from compensation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

**ATTACH
CURRENT IMMUNIZATION RECORD HERE**



↓↓↓**TWO REFERENCES WILL FOLLOW THIS PAGE**↓↓↓



Reference Check: 1

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: _____



Reference Check: 2

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: _____