

## Miramar Youth & Teen Center Coaches Packet

Sport Coaching: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

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

Current Email: \_\_\_\_\_

Rank (if applicable): \_\_\_\_\_

Unit (if applicable): \_\_\_\_\_

Last 4: \_\_\_\_\_

Coaches Member Number: \_\_\_\_\_

This is for the coaches who are a member of NYSCA (National Youth Sports Coaches Association)

**Note: NEED A COPY OF MILITARY ID. IF YOU ARE FIRST AID & CPR CERTIFIED, WE NEED COPIES OF YOUR CARDS**

**FILL OUT EVERY SHEET A COUPLE OF THEM LOOK THE SAME.**

Thank you for your interest in volunteering with us!  
Miramar Youth Sports Staff



<b>DEPARTMENT OF DEFENSE CONSENT TO CONDUCT INSTALLATION RECORDS CHECK (IRC)</b>	OMB No. 0704-0586 OMB Approval Expires: 20231031
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The public reporting burden for this collection of information, OMB Control Number 0704-0586, is estimated to average 10 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 the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@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 (Crime Control Act of 1990); DoDI 1402.05, Background Checks on Individuals in DoD Child Care Services Programs; and E.O. 9397 (SSN), as amended.

**PRINCIPAL PURPOSE(S):** To require all individuals who provide child care services, as defined by Section 20351 of 34 U.S.C. (Crime Control Act of 1990), to undergo an Installation Records Check (IRC).

**ROUTINE USES:** The Routine Uses are listed in the applicable system of records notices found at:  
**Army:** A0215-3 SAMR, NAF Personnel Records (<https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570010/a0215-3-samr/>) and A0690-200 DAPE, Department of the Army Civilian Personnel Systems (<https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570099/a0690-200-dape/>)  
**Navy and Marine Corps:** NM 01754-3, DON Child and Youth Program, (<https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570428/nm01754-3/>)  
**Air Force:** F034 AF SVA C, Child Development/Youth Programs Records (<https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569755/f034-af-sva-c/>)  
**Defense Logistics Agency:** S400 20, Day Care Facility Registrant, Applicant and Enrollee Records, (<https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570257/s40020/>) and  
**National Security Agency:** GNSA 19, NSA/CSS Child Development Services, (<https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570520/gnsa-19/>)

This release will be initiated by office or installation staff responsible for the oversight of individuals who provide child care services to children under the age of 18. Once completed, the form will be maintained by the Human Resource (HR) or Security Offices.

**DISCLOSURE:** Voluntary; however, failure to provide all the requested information could preclude employment or continued service in a child care services program position, and may form the basis for withdrawal of a tentative (conditional) job offer, removal from a position and/or the federal service or prohibition from working with or around children.

SECTION I. SUBJECT'S INFORMATION				
1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements)	2. OTHER NAME(S) USED (e.g., maiden name, nickname, birth name)			
3. PLACE OF BIRTH (City, State, Country)	4. DATE OF BIRTH (MM/DD/YYYY)	5. SOCIAL SECURITY NUMBER		
6. CURRENT ADDRESS (Street, City, State, Zip Code)				

SECTION II. AUTHORIZATION AND RELEASE CERTIFICATION (To be signed by Subject or Parent/Legal Guardian)		
I hereby authorize the DoD to conduct an IRC, which includes the release of information pertaining to me within military law enforcement records, the Defense Central Index of Investigations (DCII) and information pertaining to Family Advocacy Program (FAP) records (child and/or domestic abuse) maintained in the FAP Central Registry. I also authorize the other Services within DoD to release the same information listed above from their systems of record for the purposes of completing the IRC. I understand that this consent does not expire and may be utilized to conduct periodic re-verification checks. I also understand that except to the extent such action has been taken, I can revoke my consent at any time but this may preclude my continued service in a Child Care Services position. I understand that pursuant to the Privacy Act, the information collected will be confidential and disclosure limited to purposes authorized under the Privacy Act. I understand that I may request a copy of such records as may be available to me under the law, and that I have a right to challenge the accuracy and completeness of any information contained in the results of the background checks. I release any individual, including records custodians, any component of the United States Government, or the individual supplying information, from all liability for damages that may result on account of compliance or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assignees, associates, and personal representatives of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.		
7a. PRINT NAME (Subject or Parent/Legal Guardian)	7b. DATE (MM/DD/YYYY)	7c. SIGNATURE (Subject or Parent/Legal Guardian)
7d. EMAIL ADDRESS	7e. PHONE NUMBER	

SECTION III. POSITION AND BACKGROUND CHECK INFORMATION			
8a. COMMAND / INSTALLATION / ORGANIZATION	8b. POSITION HIRE / START DATE (estimated) (MM/DD/YYYY)		
MCAS Miramar			
8c. POSITION CATEGORY			
<input type="checkbox"/> Civilian Employee (APF)	<input type="checkbox"/> Civilian Employee (NAF)	<input type="checkbox"/> Contractor	<input type="checkbox"/> In-Home Care Providers (Respite Care, Foster Care, Family Child Care)
<input type="checkbox"/> Military Personnel	<input type="checkbox"/> Volunteer	<input type="checkbox"/> In-Home Care Family Members	<input type="checkbox"/> Teen Employee
<input type="checkbox"/> Junior Reserve Officer (JROTC) Instructor	<input type="checkbox"/> Other		



**SECTION IV. INSTALLATION RECORDS CHECK**

*(To be completed based on service specific procedures)*

**9. FAMILY ADVOCACY PROGRAM**

Type of Check: Initial:  Annual:  5 Year Check:

Date initiated: \_\_\_\_\_ Date Completed: \_\_\_\_\_

No record of applicant  Record on file

Met criteria incident found:  Yes  No

Remarks: \_\_\_\_\_

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

9a. Printed Name of Certifying Official: \_\_\_\_\_

9b. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**10. INSTALLATION LAW ENFORCEMENT**

Type of Check: Initial:  Annual:  5 Year Check:

Date initiated: \_\_\_\_\_ Date Completed: \_\_\_\_\_

No record of applicant:  Record on file:

Any derogatory information found:  Yes  No

Remarks: \_\_\_\_\_

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

10a. Printed Name and Title: \_\_\_\_\_

10b. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**11. DEFENSE CENTRAL INDEX OF INVESTIGATIONS (DCII) *(Optional check)***

Type of Check: Initial:  Annual:  5 Year Check:

Date initiated: \_\_\_\_\_ Date Completed: \_\_\_\_\_

No record of applicant:  Record on file:

Any derogatory information found:  Yes  No

Remarks: \_\_\_\_\_

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

11a. Printed Name and Title: \_\_\_\_\_

11b. Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## CONTINGENT WORKER REQUEST FORM

**IMPORTANT: PLEASE ENSURE ALL FIELDS ARE COMPLETED AND ACCURATE.**

This form gives the Commanding Officer or designated timekeeper access to the MCCS PeopleSoft Human Resources Management System, an official Federal Government timekeeping system, to approve time and attendance. This will authorize you to obligate Federal funds for payment of wages for the Commanding Officer of your unit. Your complete SSN and Date of Birth are required.

Deliver this form to your local MCCS Human Resources Office. You will receive an email when your account is activated with your User ID, password, and user instructions. Once you receive your log-in information, be sure to visit additional instructions on timekeeping on the MCCS HRMS Intranet site.

**Supervisor/  
Timekeeper**

**Biographical Details**

First Name: *	
Middle Int. *	
Last Name: *	
Birth Date: * <small>This information is required in order to authorize expenses of Federal Funds.</small>	
Full SSN * <small>This information is required in order to authorize expenses of Federal Funds</small>	
Gender: *	
Address: *	
City: *	
State: *	
Postal/ Zip: *	

**Job Information**

Work Phone Number:*	
Work Email:*	
Command Unit: (cost center #)	CWR
Job Code:	CWRYTH
Grade/ Rank:*	VOL
Supervisor/Timekeeper?	
FLSA Status:	EXEMPT

\* Required Fields



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

OMB No. 0704-0516  
 OMB approval expires:  
 20210930

The public reporting burden for this collection of information, OMB Control Number 0704-0516, 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 the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@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:** Executive Order 10450 and/or 34 U.S. Code § 20351; DoD Instruction 1402.05, Criminal History Background Checks on Individuals in 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 require individuals who come into regular, reoccurring contact with children under the age of 18 years to self-report any arrests, charges or convictions that would keep the individual from obtaining or maintaining a favorable suitability or fitness determination. Programs impacted are referenced within the 34 U.S. Code § 20351 and include impacted individuals such as employees, DoD contractors, family child care providers, adults residing in a family child care home, volunteers, and others with regular reoccurring contact with children. Individuals who work or volunteer in DoD Child Development and Youth Programs must annually self-report changes to his or her status utilizing this form. All individuals required to complete this form must immediately self-report to their employer/supervisor if they are arrested, charged, convicted, or met criteria for any offense listed on the form. When completed, records are covered by one of the appropriate SORNs:

Army: <http://dpcld.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570012/a0215-fmwrc.aspx>

Navy: <http://dpcld.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570428/nm01754-3.aspx>

Air Force: <http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569755/f034-af-sva-cl>

**ROUTINE USES:** This form will be initiated by DoD staff and will be maintained in the initiating DoD offices and/or appropriate Human Resources or Security Offices. Information received as a result of this release may be used to assess interim/on-going or final suitability or fitness for DoD personnel working with children. ONLY DoD Child Development and Youth programs are required to update and sign annually. A copy of the form is maintained in the staff member's personnel file. The DoD "Blanket Routine Uses" found at <http://dpcld.defense.gov/Privacy/SORNsIndex/Blanket-Routine-Uses/> may apply to these records.

**DISCLOSURE:** Voluntary; however, failure to furnish all requested information may result in an unfavorable adjudication decision and may affect suitability/fitness.

1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements.)	2. OTHER NAME(S) USED	
3. DATE OF BIRTH (MM/DD/YYYY)	4. INSTALLATION/PROGRAM NAME <p align="center" style="font-size: 1.2em;">MCAS Miramar Youth Sports Program</p>	5. DATE OF HIRE

6. Have you been arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law, Military law, State law, County or Municipal law, or met the Family Advocacy criteria for child maltreatment? (Do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.) (X one) Mark Yes or No for each category. If you answered "Yes," explain your answer in the space provided below or on the back of the form in block 9.

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			

(1) MONTH/ YEAR	(2) OFFENSE	(3) ACTION TAKEN	(4) COURT (City & Country if outside the United States)	(5) STATE	(6) ZIP CODE

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 arrested, charged, convicted, or met criteria for any offense referenced in block 6.

a. SIGNATURE	b. DATE (YYYYMMDD)
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8. ANNUAL CERTIFICATIONS (Required by Child Development and Youth Program Staff and Volunteers)  
 In the past year, have you been arrested, apprehended, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law, Military law, State law, County or Municipal law or met the Family Advocacy criteria for child maltreatment.

Failure to disclose accurate information may be grounds for dismissal, termination, or disbarment 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, and/or state agencies, and/or foreign governments, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Investigation Service (DIS), 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 upon 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 competencies 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 confidential, and disclosure limited to purposes authorized under the Privacy Act - mainly to conduct 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 compliance, or any 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.

**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)



## INSTRUCTIONS

This Department of Defense Form is to be completed by prospective employees, volunteers, DoD Contractors, FCC providers, and adults residing in the 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 arrested, charged, or convicted by Federal, State, or other Local authorities for any violation of any Federal law, Military law, State law, County or Municipal law, Regulation or Ordinance, nor have they been 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. Employees and volunteers of DoD Child Development and Youth Programs must update this form on an annual basis.

Completion of this form is voluntary; however, failure to furnish all requested information may result in an unfavorable adjudication decision and may affect suitability of working with or around children.

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 or DoD program where you seek employment or to volunteer; if operating a FCC program, or residing in a FCC home, provide the location of the FCC home.
5. Provide the date of hire.
6. Place an X in the appropriate box if you have or have not been convicted by Federal, State, or local authorities for any violation of any Federal law, Military law, State law, County or Municipal law, Regulation or Ordinance, or met the Family Advocacy criteria for child maltreatment? *(Do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.)*

If you answered "Yes," explain your answer in the space provided below.

If additional space is needed, use block 9.

7. *Sign and Date.*
8. On an annual basis, circle the appropriate response indicating if you have been arrested, apprehended, charged, or convicted by Federal, State, or local authorities for any violation of any Federal, Military, State or local Authorities or met the Family Advocacy criteria for child maltreatment. Applies to employees and volunteers of DoD Child Development and Youth Programs.
9. Use this space for additional comments, if needed, for Blocks 6 and 8.
10. Sign and 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 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

© National Alliance for Youth Sports

Coach Name (PRINT): \_\_\_\_\_



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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://dpclid.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570084/a0608b-cfsc/>); (2) NM01754-2, DON Family Support Program Volunteers (at <http://dpclid.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://dpclid.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)  AGE 18 OR OVER  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)

Arellano, Daniel



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)



FOR OFFICIAL USE ONLY

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.



## MCAS Miramar Youth Sports Gratuitous Service Agreement

I understand that my service as a Miramar Youth Sports Volunteer for Marine & Family Programs, MCAS Miramar will commence on \_\_\_\_\_. I understand that my service as a Miramar Youth Sports Volunteer will be performed on a gratuitous basis without compensation. Any reimbursement for incidental expenses will be subject to the availability of funds and at the Marine Corps Family Team Building Director's discretion.

I understand that as a Miramar Youth Sports Volunteer I will not be considered a Federal employee for any purpose other than the Tort Claims provisions of Chapter 171 of Title 28, U.S. Code, and for the purpose of relating to the compensation for work-related injuries provided under Chapter 81 of Title 5, U.S. Code. I also understand that service as a Miramar Youth Sports Volunteer does not entitle me to further employment with a Federal organization or agency.

I understand that as a Miramar Youth Sports Volunteer, the personal information provided to me on the members of MCAS Miramar and their families is, and will be, protected by the provisions of the Privacy Act of 1974. I understand that the personal information I have been provided will be used only in the official execution of those tasks relating to Miramar Youth Sports Volunteer matters.

I understand that as a Miramar Youth Sports Volunteer I will hold myself to the highest standards of confidentiality. I understand that issues pertaining to members and families of MCAS Miramar will be discussed only with those individuals as defined in the Marine Corps Family Team Building Order, or as designated by the Marine & Family Programs or Manager as having the "need to know".

\_\_\_\_\_  
Signature of Miramar Youth Sports Volunteer

\_\_\_\_\_  
Date

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



## NAYS COACHES EXAM AGREEMENT

(PLEASE WRITE LEGIBLY)

I \_\_\_\_\_, agree by signing this document, that I will complete and return a print out copy of the results from the NAYS Coaches Exam within one week from this date to the Miramar Youth Sports Staff.

By doing so, I commit myself to take the proper steps in the training to insure that I will complete and pass the NAYS Coaches Exam.

If I fail to meet this deadline I understand I will be removed from my coaching position, and I must reimburse the Miramar Youth Sports Program \$25 in which it cost for the program to pay for my exam fee.

If at anytime I decide after *today* that I will no longer participate as a Basketball Coach, I acknowledge that I must reimburse the Miramar Youth Sports Program \$25 in which it cost the program to register myself as a Coach through the National Alliance for Youth Sports (NAYS).

\_\_\_\_\_

Print Full Name

\_\_\_\_\_

Sign

\_\_\_\_\_

Date