

**INSTALLATION MANAGEMENT COMMAND (IMCOM)  
BACKGROUND CHECK REQUEST (BCR) FORM**

For personnel in child services positions supporting Army programs and activities IAW Army Directive 2014-23 and DODI 1402.05

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 34 USC 20351 and 10 USC 3013, Public Law 101-647, Section 231 (Crime Control Act of 1990); DODI 1402.05, Background Checks on Individualism DoD Child Care Services Programs, 11 Sep 2015. Army Directive 2014-23 (Conduct of Screening and Background Checks For Individuals Who Have Regular Contact With Children in Army Programs), DODI 6060.02 (Child Development Programs (CDPs), 5 Aug 2014), DODI 6060.4 (DoD Youth Programs (YPs), 23 Aug 2004), DoDI 1100.21. Voluntary Services in the Department of Defense, DODI 1400.25, Volume 731 DoD Civilian Personnel Management System, Suitability and Fitness Adjudication For Civilian Employees, 24 Aug 2012, DoD Instruction 1400.25, Subchapter 1403 (DoD Civilian Personnel Manual: Employment), 1 Dec 1996, Incorporating Change 5, 25 Mar 2000, DoD Instruction 1400.25, Volume 1231 DoD /Civilian Personnel Management System: Employment of Foreign Nationals; and E.O. 9397(SSN), as amended, AR 608-18, The Army Family Advocacy.

**PURPOSE:** To assess the suitability of persons and to determine the loyalty, eligibility, and general trustworthiness of individuals working in child (i.e., children under 18 years of age) services positions.

**ROUTINE USE:** The DoD "Blanket Routine Users" set forth at the beginning of the Army's compilation of systems of records notices also apply to this system.

**DISCLOSURES:** Voluntary; however, failure to furnish all requested information will result in disapproval of the child services application or continued service in child services position.

Clear Form

**SECTION I - REQUEST TYPE**

Personnel Category: Volunteer (Specified Volunteer)	Request Type: <input checked="" type="checkbox"/> New <input type="checkbox"/> Reverification <input type="checkbox"/> Transfer
Fiduciary Responsibility: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driving Responsibility: <input type="checkbox"/> Xdr <input checked="" type="checkbox"/> No
Anticipated Start Date: _____	

**SECTION II - REQUESTING OFFICE INFORMATION**

Garrison: Huachuca	Installation: Huachuca	Directorate/Organization: FMWR/CYS
Requester Name: Josue Miranda	Requester Telephone: 520-533-8437	Requester E-mail: josue.a.miranda.naf@mail.mil

**SECTION III - SUBJECT'S INFORMATION**

SSN: _____	Prefix/Rank: _____	Last Name: _____	First Name: _____	Middle Name: _____	Maiden Name: _____
Postfix/Suffix: _____	Birth Date MM/DD/YYYY: _____	Birth Country: _____	Birth State: _____	Birth City: _____	
Citizenship Docs: (personnel req, INV)	Primary E-mail: _____		Secondary E-mail: _____		
Primary Phone: _____	Cell: _____	Secondary Phone: _____			
Current Street Address: _____	Current City: _____	Current State: _____	Current Zip Code: _____	Current Country: _____	
Functional Program: CYS, Youth Sports and Fitness	Employment Location: Fort Huachuca, AZ	Employment Position: Volunteer Coach			

**COMPLETE THIS SECTION ONLY IF THIS IS A TRANSFER FILE**

Approximate Year Background Check Completed: _____	Completed by (check one): <input type="checkbox"/> CDE <input type="checkbox"/> CPAC	Name of Losing Garrison/Installation: _____
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**ONLY COMPLETE THIS SECTION FOR VOLUNTEERS, CONTRACTORS (SHORT DURATION) AND OTHER CATEGORIES (FINGERPRINTS)**

Date fingerprint completed (MM/DD): _____	Date hard copy mailed (when LIVESCAN is down): _____	Method of delivery: _____	Tracking number: _____
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**SECTION IV - FAMILY CHILD CARE/EMERGENCY PLACEMENT CARE**

For each person listed below requiring initial check or reverification of checks, refer to the IMCOM Worksheet 30A for required documents.  
List additional Family Members on a separate sheet of paper and include Category, Name, SSN, DOB and POB

Category: _____	Name: _____	SSN #: _____	Birth Date: _____	Birth Place: _____
Category: _____	Name: _____	SSN #: _____	Birth Date: _____	Birth Place: _____
Category: _____	Name: _____	SSN #: _____	Birth Date: _____	Birth Place: _____
Category: _____	Name: _____	SSN #: _____	Birth Date: _____	Birth Place: _____

**SECTION V - ONLY COMPLETE IF CENTRALIZED CONTRACT**

Contractor/POC for PSIP purposes: _____	E-mail: _____
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Remarks Section (Please note any special requests): \_\_\_\_\_

Name and signature of Functional Manager: _____	Date Submitted: _____
CDE Received (Name and Signature): _____	Date Received: _____

**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. 522a(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.

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

<b>a. SIGNATURE</b>	<b>b. DATE</b> (YYYYMMDD)
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**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.**

<b>a. 2nd YEAR</b> (Yes or No)	<b>(1) SIGNATURE</b>	<b>(2) DATE</b> (YYYYMMDD)	<b>b. 3rd YEAR</b> (Yes or No)	<b>(1) SIGNATURE</b>	<b>(2) DATE</b> (YYYYMMDD)
<b>c. 4th YEAR</b> (Yes or No)	<b>(1) SIGNATURE</b>	<b>(2) DATE</b> (YYYYMMDD)	<b>d. 5th YEAR</b> (Yes or No)	<b>(1) SIGNATURE</b>	<b>(2) DATE</b> (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)
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**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)
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ADAPCP CLIENT'S CONSENT STATEMENT FOR RELEASE OF TREATMENT INFORMATION

For use of this form, see AR 600-85; the proponent agency is DCS, G-1.

SECTION A - CONSENT

I, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ 2022,
(client's full name)

do hereby voluntarily consent to the release of the following information by HQDA ASAP
(name of installation ADAPCP)

pertaining to my identity, diagnosis, prognosis, or treatment from any Army record maintained in connection with
alcohol or other drug abuse education, training, treatment, rehabilitatiton, or research to Child/Youth Svcs Suitability Prog

\_\_\_\_\_ for the purpose of completing a background check requirement in accordance with
Department of Defense Instruction 1402.05 and Army Directive 2014-23.

\_\_\_\_\_

\_\_\_\_\_ namely,

\*\*\* see above\*\*\*

(extent or nature of information to be disclosed)

SECTION B - EXPIRATION/REVOCAION

(Check applicable paragraph)

1. [X] I understand that this consent automatically expires when the above disclosure action has been taken in
reliance thereon and that, except to the extent that such action has been taken, I can revoke this consent at
any time.

- Or -

(For disclosure to civilian criminal justice officials under the provisions of paragraphs 6-9b(4)(b) and 6-10e(3), AR 600-85)

2. [ ] I understand that this consent automatically expires 60 days from today's date or when my present
criminal justice system status changes to \_\_\_\_\_

Further, I understand that if my release from confinement, probation, or parole is conditioned upon my
participation in the ADAPCP, I cannot revoke this consent until there has been a formal and effective
termination or revocation of my release from such confinement, probation, or parole.

Table with 2 columns: SIGNATURE OF CLIENT, DATE, NAME OF WITNESS (Type or print), SIGNATURE, DATE

SECTION C - APPROVAL AUTHORITY FOR RELEASE OF INFORMATION

NOTE: Other than the MEDCEN/MEDDAC Commander, approval authority for release of information may be delegated to the Program
Physician or the Clinical Director.

In my judgment, the release of an evaluation of the present or past status of \_\_\_\_\_
(client's name)

in the alcohol or other drug treatment and rehabilitation program will not be harmful to him/her.

Table with 2 columns: NAME OF MEDCEN/MEDDAC COMMANDER OR DESIGNATED REPRESENTATIVE (Type or print), DATE

Table with 1 column: SIGNATURE



**IMCOM-HQ CYS, YOUTH SPORTS AND FITNESS VOLUNTEER COACH  
POSITION DESCRIPTION**



**Organization:** IMCOM\_HQ, Child and Youth Services (CYS), Youth Sports and Fitness (YSF)

**Position Title:** CYS, Youth Sports and Fitness Volunteer Coach

**Summary:** *A good coach improves your game, A great coach improves your life – Michael Josephson*

**Duties:** Teach proper skills, fundamentals of rules, strategies and procedures needed to participate in a specified sport in accordance with CYS requirements. Be present at scheduled practices and games at least fifteen minutes before the scheduled starting time. Inform YSF staff members regarding changes, concerns and issues. Keep players and parents informed about all practice and/or game times and any changes. Maintain a focus on sports skill development, recreation, maximum participation of players, and leisure activities. Maintain YSF property, role model appropriate behavior (e.g., Army Values, CYS Statement of Understanding) and abide by the CYS Philosophy.

**IMCOM-HQ CYS, YOUTH SPORTS AND FITNESS VOLUNTEER COACH  
POSITION DESCRIPTION**

**Time Required:** Practices are generally held during the period  
Monday – Friday: 1700 – 2000  
Note: Practices must be conducted IAW CYS guidance  
Games are generally held Saturday: 0800 – 1700  
Note: Average – one game per week, times vary

**Benefits:** Program is designed to promote positive attitudes and reinforce CYS and YSF philosophy and Army core values to offer children and youth opportunities to feel competent and instill values associated with the pursuit of skills in sports, fitness, nutrition, and recreational activities.

**Training:**

Child Abuse Prevention, Identification, and Reporting (includes Standards of Conduct)
Review of Applicable Regulations: Installation Policy/Inclement Weather/ Activity Cancellation Procedures
The Role of the Volunteer/Contractor
Positive Guidance and Appropriate Touch
Working with Children with Special Needs
Child/Youth Safety and Health: Blood borne Pathogens
Age Appropriate Learning Activities
Fire Prevention, Emergency & Evacuation Procedures
CPR & First Aid Certification
Concussion Training
Certification by Recognized Sports Organization (NAYS) and Sport Specific Training

**IMCOM-HQ CYS, YOUTH SPORTS AND FITNESS VOLUNTEER COACH  
POSITION DESCRIPTION**

**Orientation:** CYS, YSF Certification Clinic  
NAYS Parent Orientation

**Qualifications:** Background/Clearance check IAW CYS guidance

**Supervisor:** CYS, YSF Director

**Assessment:** CYS, YSF Volunteer Coaches will receive feedback from the  
CYS, YSF Director.

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Printed Name/Signature of Volunteer

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Date

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Printed Name/Signature of Accepting Official

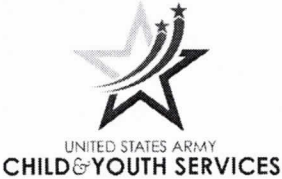

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Date

Youth Sports & Fitness – Bringing out the best in Children and Youth.





	<p>CHILD AND YOUTH SERVICES (CYS) FORT HUACHUCA</p> <p>OUTREACH SERVICES VOLUNTEER APPLICATION</p>	
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1. INSTRUCTIONS: Please provide the requested background information in Item 3, below. Child and Youth Services (CYS) will use this information to determine your eligibility for becoming a Volunteer. Please read the Privacy Act Statement in Item 2.

2. PRIVACY ACT STATEMENT:

- a. Authority: Title 15, United States Code, Section 3012.
- b. Purpose: To provide background clearance information regarding Prospective Volunteers for CYS Programs.
- c. Routine Uses: No information is disclosed outside the Department of Defense.
- d. Disclosure: Disclosure of this information voluntary. However, information not provided may cause denial of Volunteer application.

3. Complete the following information. Please spell out month, date, and year of birth.

Applicant		Sponsor (if applicable)	
Date of Birth		Date of Birth (if applicable)	
Street Address	City	State	Zip Code
Signature of Application		Date	

	<p>CHILD AND YOUTH SERVICES (CYS) FORT HUACHUCA</p> <p>OUTREACH SERVICES VOLUNTEER APPLICATION</p>	
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The person Volunteering must sign the following Privacy Act/ Relinquishment of Information before the Application can be processed.

In Accordance with the Department of Defense Instruction (DoDI) Number 1402.05, Background Checks on Individuals in DoD Child Care Services Programs (dated 14 July 2016), I provide permission to obtain information from the following agencies for the purpose of completing the screening procedures required to be a Volunteer: local Law Enforcement, Social Work Services, Drug and Alcohol, and Federal Bureau of Investigation (FBI).

It is understood this information will be used to process an application and will not be released to other individuals or agencies.

It is further understood that disclosure of information on this waiver or within the application is voluntary. However, failure to provide information on the application or failure to allow relinquishment of information will cause the application to be rejected.



\_\_\_\_\_  
Applicant's Name (printed)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Information: Parent and Outreach Services Director  
Child and Youth Services (CYS)  
Fort Huachuca, AZ 85613  
520-533-0710



 <p>UNITED STATES ARMY CHILD &amp; YOUTH SERVICES</p>	<p>CHILD AND YOUTH SERVICES (CYS) FORT HUACHUCA</p> <p>OUTREACH SERVICES VOLUNTEER APPLICATION</p>	 <p>U.S. ARMY MWR SOLDIERS · FAMILIES · RETIREES · CIVILIANS</p>
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As a Volunteering with the Fort Huachuca Child and Youth Services (CYS) Division, I understand the behaviors listed below are essential to ensure the health, safety, and well-being of children/youth. I understand that failure to comply with these Standards of Behavior will result in adverse actions, to include separation from my Volunteer position:


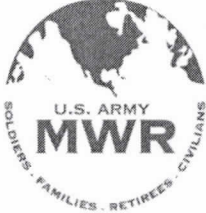
1. I must refrain from ever using physical punishment, verbal threats, and abusive or foul language directed towards a child/youth or adult.
2. I must always remain flexible in relation to my Volunteer position, the children/youth in my care, and adults with whom I interact.
3. I will follow CYS Program procedures in the case of an emergency or accident.
4. I accept my responsibility to interact actively and in a positive manner with the children/youth individually and in groups.
5. I will improve my skills in recognizing the individual needs of children/youth.
6. I will be polite and responsive to parents.
7. I will follow the directions of the Program Managers and treat all CYS staff with respect.
8. Making malicious/false statements about any employee or Volunteer will not be tolerated.
9. I understand that, as a Volunteer with a regular schedule, I will adhere to the schedule and, if I am unable to work, I will notify the Program Director as soon as possible.
10. I understand that, if my child uses CYS Programs, I must properly register him/her.
11. I will maintain confidentiality and never share information about patrons, children, and staff/Volunteers.
12. I will expand my knowledge of teaching techniques to foster a developmental philosophy.
13. I must successfully complete a four-hour National Youth Sports Coaches Association Training before Coaching children/youth.

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Volunteer's Signature

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Date

	CHILD AND YOUTH SERVICES (CYS) FORT HUACHUCA  OUTREACH SERVICES VOLUNTEER APPLICATION	
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**VOLUNTEER AGREEMENT**

I desire to Volunteer my services to the Fort Huachuca Child and Youth Services (CYS) Programs. I expressly agree my services are being performed gratuitously, and I am not, solely because of these services, considered an employee of the United States Government or any instrumentality thereof. I expressly agree that I neither expect nor demand any present or future salary, wages, or related benefits as payment for these Volunteer services. I agree to participate in whatever training that may be required in order for me to perform the work for which I am Volunteering.

Printed Name/Signature of Volunteer	Date
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Printed Name/Signature of Accepting Official	Date
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**DISCLOSURE**

Declare any derogatory information, to include, arrests with or without convictions, domestic violence, Child Protective Services investigations (both substantiated and unsubstantiated), drug/alcohol rehabilitation, Military Police tickets or findings, and any convictions of any crime from the age of 18 years and beyond. Applicants who do not declare derogatory information will not be considered for Volunteer positions.

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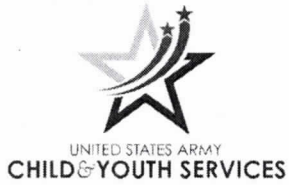
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Printed Name/Signature of Volunteer	Date
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CHILD AND YOUTH SERVICES (CYS)  
FORT HUACHUCA



OUTREACH SERVICES  
VOLUNTEER  
APPLICATION

**Coach Reference Check**

Name of Volunteer: \_\_\_\_\_

**On a scale of 1 to 5 (5 being the highest), please rate the following:**

Attendance and Reliability	
Teamwork/Interpersonal Skills/Communication	
Productivity (e.g., using time wisely)	
Mentoring/Leadership (e.g., relating to children and adults in a positive manner)	
Demonstrates self-control and sound judgment	
Would you work with this person again in the future? (Yes or No)	

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Person Providing Reference: \_\_\_\_\_

Signature of Person Providing Reference: \_\_\_\_\_

Date Reference Completed: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Date Reference Received (to be completed by CYS Staff) \_\_\_\_\_





CHILD AND YOUTH SERVICES (CYS)  
FORT HUACHUCA



OUTREACH SERVICES  
VOLUNTEER  
APPLICATION

**Coach Reference Check**

Name of Volunteer: \_\_\_\_\_

**On a scale of 1 to 5 (5 being the highest), please rate the following:**

Attendance and Reliability	
Teamwork/Interpersonal Skills/Communication	
Productivity (e.g., using time wisely)	
Mentoring/Leadership (e.g., relating to children and adults in a positive manner)	
Demonstrates self-control and sound judgment	
Would you work with this person again in the future? (Yes or No)	

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Person Providing Reference: \_\_\_\_\_

Signature of Person Providing Reference: \_\_\_\_\_

Date Reference Completed: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Date Reference Received (to be completed by CYS Staff) \_\_\_\_\_