FDNY, Religious Support Operations (RSO)
Initial Screening and Assessment Application
To work with Minors

Privacy Act Statement

Data Required by the Privacy Act of 1974 (S U.S.C. 552a) AUTHORITY: Army Directive 2014-23

PRINCIPAL PURPOSE: Used to determine suitability for programs caring for children in this organization.

ROUTINE USES: Information gathered is used to determine suitability as a volunteer working with children in this organization. The information is used to provide an initial screening and assessment for overall safety of children in RSO programs. Appropriate documentation, including the decision of the approving authority, will be filed and/or disposed of, and may be used by other appropriate Federal agencies and State and local governmental activities where use of the information assists with the purpose.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Providing the following information is voluntary; however, failure to provide the requisite information may result in Individual not being accepted.

Location: Main Post Chapel
Chapel Congregation or Program{s} location (MPC, PVC, RRC, UNIT)

Program: General Chapel 'Volunteer"
Chapel, Congregation, Program or Auxiliary applicant is interested in working with (Catholic, Protestant, Gospel; Traditional, CWOC, PWOC, AWANA, UNIT)

_____ _____
Full Name *SSN*

_____ _____ _____ _____
Date of Birth (MM/DD/YYYY) *Country of Birth* *State of Birth* *City of Birth*

Current Address: _____
Street City Zip

Phone Number: _____ Email: _____

Reference 1

Name: _____
Last *First*

Phone Number: _____ Email: _____
Include Area Code and Time Zone, if known

Reference 2

Name: _____
Last *First*

Phone Number: _____ Email: _____
Include Area Code and Time Zone, if known

I acknowledge that I am required to undergo an initial screening, Installation Records Check {IRC), and FBI Fingerprint check, and possibly a Tier 1 with State Criminal History Repository Check {SCHR), when applicable, to be found suitable for working with minors at RSO activities prior to services being rendered, I also acknowledge under penalty of perjury that the information contained In this application and additional documents submitted are true and correct to the best of my knowledge.

If volunteering, I acknowledge that I am providing services on an unpaid basis.

Signature: _____ Date: _____

To Be Completed by Staff

Please process the applicant for IRC Tier 1 with SCHR

SCREENING CONDUCTED BY _____ Date _____