

This process is generally quick, once I submit an approved packet (2-3 weeks)

*These packets can get kicked back for a lot of things, **ESPECIALLY** for legibility.

*Please write legibly

*Packet forms must be either CAC signed or hand signed with a date

*If you make a mistake, just use a new form

*Generally, everything applicable in yellow must be filled out

*If you don't have a middle name for those blocks put "NMN"

***CHILD PROTECTION TRAINING (CPT)**

-Everyone must take the CPT on https://train.gordon.army.mil/webapps/ChildProt_v12/ then add the signed certificate and the signed page to this packet. You may try it on your home computer, you may have to go to the post library, etc., to fill this out.

Job Description:

-Included (has to be included in final packet also)

Form 1 30A:

-Fill out full name, first, middle, last

Form 2 30:

-Fill out everything in yellow, if applicable.

-You don't need prefix or suffix

-If you have prior names, or a maiden name or names, those must be annotated.

-For DOB, put it as YYYY/MM/DD.

-If foreign born, make sure you have the state and city if applicable

Form 3 2981:

-For "Other Names Used", please put all former and maiden names in there, to include full middle

-Make sure to check all 6 question blocks with yes or no. If there is a yes, put that information in a-g.

-Sign and date on both pages

-If a minor aged 14-17 is filling out the packet, the parent will sign at the end of page 2

Form 4 5018-r:

-Full name (first, middle, last)

-For instance: "this 20th day of July 2024"

-Then sign and date. If it is a minor's application, the name of the minor goes in section A, but the parent/guardian must sign as the Client.

Form 5 "Initial Screening Application":

-Just fill out everything legibly

-Type full name to include middle (don't add maiden)

-Use the MM/DD/YYYY format here

-For each reference, either phone or email is fine

-Circle the group you belong to under "General Chapel Volunteer" and if it is not there, write it in

-Then sign and date

Form 6 3439:

-Take two of these and have either an employer or acquaintance fill it, date, put in name, and sign (10-12). These can be someone at work or even someone at church. **Please do not return them blank as it will delay the process.**

Form 28L (Fingerprinting):

Take the 28L fingerprint form and a data sheet, make an appointment with the base FP station, take those forms with you, have your prints done, have it signed by their people.

That's it!

FMgr Background Check Request (BCR) Checklist

Contractors (Regular/Recurring), Volunteers, Short
Duration Contractors, "OTHERs", Military
For non-U.S. Citizen applicants, refer to IMCOM 30A HN/FN/3CFN

Applicant: _____

Initial and Reverification Document Requirements

<input checked="" type="checkbox"/> IMCOM Worksheet 30A (1JUL24)	<input type="checkbox"/> DA Form 5018 (SEP23, CSSC template required)
<input type="checkbox"/> IMCOM Form 30 (1MAY22)	<input type="checkbox"/> DD Form 2981 (DEC21)

Additional Document Requirements

☐ Contractors

<input type="checkbox"/> Initial	<input type="checkbox"/> 5-Year Reverification	<input type="checkbox"/> Transfer
<input type="checkbox"/> IMCOM Worksheet 29 (1JUL24)	<input type="checkbox"/> IMCOM Worksheet 29 (1JUL24)	<input type="checkbox"/> IMCOM Form 30 (1MAY22)
<input type="checkbox"/> OF-306 (rev. AUG23)		<input type="checkbox"/> IMCOM Worksheet 30A (1JUL24)
<input type="checkbox"/> Reference Check(s) – Only submit if reference is derogatory		<input type="checkbox"/> Authorization- Release previously completed background checks from non-CDE entity (if applicable)
<input type="checkbox"/> Proof of citizenship		<input type="checkbox"/> Current Resume
<input type="checkbox"/> Resume/Application		<input type="checkbox"/> Position Description
<input type="checkbox"/> Position Description		Required for Transfers:
		<input type="checkbox"/> I confirm that I have validated with the losing program/garrison that the applicant was in good standing and there are no actionable issues that would impact their childcare suitability.

☒ Volunteers, Short Duration Contractors, "Other"

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> 5-Year Reverification	<input type="checkbox"/> Transfer
<input checked="" type="checkbox"/> IMCOM Worksheet 28L (1MAY21)	<input type="checkbox"/> IMCOM Worksheet 28L (1MAY21)	<input type="checkbox"/> IMCOM Form 30 (1MAY22)
<input checked="" type="checkbox"/> Resume/Application		<input type="checkbox"/> IMCOM Worksheet 30A (1JUL24)
<input checked="" type="checkbox"/> Position Description		<input type="checkbox"/> Authorization- Release previously completed background checks from non-CDE entity (if applicable)
<input checked="" type="checkbox"/> Reference Check(s) – Only submit if reference is derogatory		<input type="checkbox"/> Resume/Application
		<input type="checkbox"/> Position Description
		Required for Transfers:
		<input type="checkbox"/> I confirm that I have validated with the losing program/garrison that the applicant was in good standing and there are no actionable issues that would impact their childcare suitability.

☐ Military

<input type="checkbox"/> Initial	<input type="checkbox"/> 5-Year Reverification	<input type="checkbox"/> Transfer
<input type="checkbox"/> IMCOM Worksheet 29 (1JUL24)	<input type="checkbox"/> IMCOM Worksheet 29 (1JUL24)	<input type="checkbox"/> IMCOM Form 30 (1MAY22)
<input type="checkbox"/> Summary of Child Services Duties		<input type="checkbox"/> IMCOM Worksheet 30A (1JUL24)
		<input type="checkbox"/> Summary of Child Services Duties
		Required for Transfers:
		<input type="checkbox"/> I confirm that I have validated with the losing program/garrison that the applicant was in good standing and there are no actionable issues that would impact their childcare suitability.

REVERIFICATION CASES ONLY: If the applicant's previous child background request was not processed through DAG1 CSSC, the following legacy documents must be provided (as applicable): Position Description/Summary of Child Services Duties, Resume/Application, OF 306 (original), Previous PRB Documents (CRESR Printout, Tab A, Tab C, Tab I, 26A, 26B, Other PRB paperwork approved by GC (Tab K)).

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://dpcld.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)		5. DATE OF HIRE (YYYYMMDD)	
4. INSTALLATION/PROGRAM NAME Ft Drum RSO			

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: ☐ Yes ☐ No
 DRUG OR ALCOHOL: ☐ Yes ☐ No
 VIOLENT CRIME/ASSAULTIVE BEHAVIOR: ☐ Yes ☐ No
 SEX CRIME: ☐ Yes ☐ No
 DOMESTIC VIOLENCE: ☐ Yes ☐ No
 OTHER: ☐ Yes ☐ 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.

a. SIGNATURE	b. DATE (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.

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.

ASAP 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 - CONSENTI, _____, this _____ day of _____ 20____, _____
(Client's Full Name)

do hereby voluntarily consent to the release of the following information by _____ HQDA ASAP
(Name of Installation ASAP)

pertaining to my identity, diagnosis, prognosis, or treatment from any Army record maintained in connection with alcohol or other drug abuse education, training, treatment, rehabilitation, 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 / REVOCATION

(Check applicable paragraph)

1. ☒ 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 10-22 and 10-27, 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 ASAP, 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.

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/DHA 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.

NAME OF MEDCEN/MEDDAC/DHA Commander OR DESIGNATED REPRESENTATIVE (Type or print)

SIGNATURE

DATE

Fingerprint Information Worksheet

SECTION I - GARRISON INFORMATION AND INSTRUCTIONS

This Worksheet is to be used ONLY for live scan fingerprint submissions IAW CTO Tasking Number: T19-037 for the following categories: **volunteers, short duration contractors and "OTHERS"** MUST have fingerprints completed prior to submitting work order ticket.

This document is intended to help you obtain your child services background check fingerprints in the most expedient manner possible. You must present this form to the fingerprinting POC to be fingerprinted. Contact the Fingerprint POC listed below to schedule your appointment as soon as possible.

Special Instructions:

Walk-Ins "Mon, Tue, & Thurs Only 0800-1300".
Use Google Maps for directions.
Look for building sign that reads "DPTMS GARRISON SECURITY OFFICE"

Driving directions:

Bldg 515 Lewis Ave, Fort Drum, NY 13602 (see Pg 3 & 4)

HOURS OF OPERATION	PHONE NUMBER	ADDRESS
Mon,Tue,Thur 0800-1500/ Wed 1000-1500	315-772-7466	Bldg 515 Lewis Ave, Fort Drum, NY 13602

CONTACT INFORMATION FOR FINGERPRINTING POC

GARRISON	NAME	PHONE	EMAIL ADDRESS
Ft Drum		315-772-7466	usarmy.drum.id-readiness.mbx.gso@army.mil
Ft Drum			

SECTION II - SUBJECT'S INFORMATION

LAST NAME	FIRST NAME	MI

SECTION III - FUNCTIONAL MANAGER OR REQUESTING OFFICIAL INFORMATION

GARRISON	NAME	PHONE	EMAIL ADDRESS
Ft. Drum		315-771-4794	

SECTION IV - FINGERPRINT REQUIREMENT INFORMATION

FUNCTIONAL MANAGER SIGNATURE
DATE

This Form can ONLY be used by Functional Managers when submitting a Background Request for Categories requiring LIVE SCAN Fingerprints IAW CTO Tasking Number: T19-037 (ie. volunteers, short duration contractors and "OTHERS")

*****NOT VALID FOR ANY OTHER CATEGORIES*****

FINGER PRINT REQUIREMENT

FINGERPRINT	SON	SOI	ALC
Live Scan ONLY	Z227	Z256	21008711

SECTION VI - FINGERPRINTING POC AGENCY USE ONLY (Return via email to Requestor)

PRINTED NAME	SIGNATURE	DATE COMPLETED

Use Waze or Google Maps (call for on-post directions if needed).

Look for building sign that reads "DPTMS GARRISON SECURITY OFFICE" gate off of 781 and Rte 11.

Directions to DPTMS Garrison Security Office Bldg 515 Lewis Ave Ft Drum NY 13603.

Note: If you do not have access to FT Drum with a valid DoD ID card use the Lt. Gen Paul Cerjan/Main

From the Lt. Gen Paul Cerjan/Main Gate: STRAIGHT AHEAD and TURN LEFT onto TIGRIS RIVER VALLEY RD. Then STRAIGHT on TIGRIS RIVER VALLEY RD. for approximately 2 miles you will see an AAFES Shopette/Gas Station/ARBY's ahead on the right, CROSSING THROUGH THE INTERSECTION at ONTARIO BLVD. and TIGRIS RIVER VALLEY RD. continue STRAIGHT AHEAD at the THIRD LEFT turn onto LEWIS AVE. continue for 150 Yards to Bldg 515 DPTMS GARRISON SECURITY OFFICE, THIRD BUILDING ON THE RIGHT then TURN RIGHT into the Parking lot, the entrance to the Bldg. is up the wood access ramp.

From the Mount Belvedere Boulevard Gate: STRAIGHT AHEAD and TURN RIGHT onto PO VALLEY RD. Continue straight and at the 1st Light TURN RIGHT ONTO CONWAY RD. continue STRAIGHT and take a LEFT AT THE 2nd LIGHT onto ONTARIO BLVD and then STRAIGHT to the 2nd light TURN RIGHT onto TIGRIS RIVER VALLEY RD continue STRAIGHT AHEAD at the THIRD LEFT turn onto LEWIS AVE. continue for 150 Yards to Bldg 515 DPTMS GARRISON SECURITY OFFICE, THIRD BUILDING ON THE RIGHT then TURN RIGHT into the Parking lot, the entrance to the Bldg. is up the wood access ramp.

From the Oneida (Gasoline Alley) Gate (Rte 26): STRAIGHT AHEAD and continue STRAIGHT on ONTARIO BLVD and then at the AAFES Shopette/Gas Station/ARBY's TURN LEFT onto TIGRIS RIVER VALLEY RD continue STRAIGHT AHEAD at the THIRD LEFT turn onto LEWIS AVE. continue for 150 Yards Bldg 515 DPTMS GARRISON SECURITY OFFICE, THIRD BUILDING ON THE RIGHT then TURN RIGHT into the Parking lot, the entrance to the Bldg. is up the wood access ramp.

JOB DESCRIPTION

Title: Chapel Volunteer working with Children (under the age of 18 years of age)

REQUIRED: *Favorable Background Check, Fingerprinting, Child Protection Training, Active Shooter Training, signed Code of Conduct*

Program: All Chapel Children's programs

Tasks to be performed:

- Supervise age appropriate Children activities
- Prepare lessons consistent with approved lesson plans
- Request supporting materials as appropriate
- Maintain and report weekly attendance
- Start and end weekly meetings in a timely manner
- Assist in planning and organizing scheduled special events and submit funds requests to the Director of Religious Education

Abilities needed:

- Design age appropriate learning experiences using materials provided
- Willingness and conviction to speak and share personal experience as a Christian
- Strong desire to mentor Children
- Knowledge of Biblical teachings and traditions
- Possess organizational skills necessary to maintain discipline
- Leading group discussion and activities
- Design and conduct prayer experiences

Additional Involvements: Other commitments beyond one's job (e.g. committee work) and/or meetings associated with additional involvements.

- Orientation -- 1 hour session
- Teacher meetings and In-service training
- Team meeting
- Special events related to particular grade level

Length of Commitment:

Dates: Annual

Additional Meetings: Team meetings as needed

Training: As provided by Chaplain and/or Director of Religious Education

Overight and Support:

Supervisor: Chaplain and/or Director of Religious Education

Responsible to: Ministry Leadership

Who provides: Oversight-visiting classroom/events and evaluation
Support-materials and resources necessary for instruction

When: In-service as required

Benefits of position:

- Experience is organizing and lesson planning/preparation
- Personal growth in understanding of the Christian teachings and traditions
- Experience as teens and on a planning team



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 (5 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

EMPLOYMENT REFERENCE INQUIRY

For use of this form see AR 215-3; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 2105, Employee; Department of Defense Instructions 1400.25 v1401, DoD Civilian Personnel Management System: General Information Concerning Nonappropriated Fund (NAF) Personnel Policy; Army Regulation 215-3, Nonappropriated Funds Instrumentalities Personnel Policy.

PRINCIPAL PURPOSE: To obtain applicant previous employment reference(s) and personal characteristics for consideration of employment. See the Systems of Records Notice A0215-3, A0215-3 SAMR > Privacy, Civil Liberties, and Freedom of Information Directorate > DOD-wide SORN Article View (defense.gov).

ROUTINE USES: This information may be disclosed as described in the routine uses of the Privacy Act of 1974, 5 U.S.C. 552 a(b)(3), as well as the specific uses listed in SORN A0215-3, to include, the Department of Labor and the Equal Employment Opportunity Commission, to resolve and/or adjudicate matters falling within their jurisdiction and to labor organizations in response to requests for names of employees and identifying information.

DISCLOSURE: Voluntary. However, failure to complete the form may result in no further consideration of an applicant, or a determination that an employee is no longer qualified for his or her position. In addition, incomplete, misleading, or untruthful information provided on the form may result in delays in processing the form for employment, or termination of employment.

PUBLIC BURDEN: We estimate the public burden for providing this information will vary from 10 to 20 minutes with an average of 15 minutes, including time for review instructions. You may send comments regarding the burden estimate or any other aspects of the collection of the information, including suggestions for reducing this burden, to the Department of the Army, NAF HR Policy & Programs Division ATTN: DAPE-CPN 6010 6th Street Building 1465 Mail Stop 5595 Fort Belvoir, VA 22060.

1. APPLICANT'S NAME (Last, First, Middle Initial)		2. HOW LONG HAVE YOU KNOWN APPLICANT AND IN WHAT CAPACITY(IES)? (Check applicable block and Enter below)	
3. REASON FOR LEAVING IF NO LONGER EMPLOYED WITH YOU?		CAPACITY	APPROXIMATE TIME KNOWN
		SUPERVISOR <input type="checkbox"/>	<input type="checkbox"/>
		FELLOW EMPLOYEE <input type="checkbox"/>	<input type="checkbox"/>
4. WOULD YOU REEMPLOY APPLICANT? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, indicate reasons under "Remarks.")		ACQUAINTANCE <input type="checkbox"/>	<input type="checkbox"/>
		OTHER (Specify): <input type="checkbox"/>	<input type="checkbox"/>

PERSONAL APPRAISAL (Based on your experience with applicant, indicate by check mark in the appropriate column your evaluation of the following factors.)	OUT- STANDING	BETTER THAN AVERAGE	ADEQUATE	UNSATIS- FACTORY	INSUFFICIENT OPPORTUNITY TO OBSERVE
5. a. DEPENDABILITY - Accepts assigned responsibility and effectively accomplishes duties; Has little or no time or attendance issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. COOPERATION - A team worker, maintains good working relationships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. INITIATIVE AND CREATIVENESS - Ability to think along original lines and to work without detailed instructions or supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. SOUND JUDGEMENT/ABILITY TO ADAPT UNDER PRESSURE - Poise and judgment in meeting adverse or emergency situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ADAPTABILITY - Ability to adjust to changes in working or living environments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. CONSIDERATION FOR OTHERS - Courteous in daily contacts including attitude toward different races, religions, and nationalities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

g. COMPLETE ONLY IF CHECKED

<input type="checkbox"/> JOB KNOWLEDGE - Has knowledge of techniques and procedures applicable to the job for which being considered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MANAGERIAL SKILLS - Ability to plan and organize work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SUPERVISION - Ability to supervise other employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CHILD CARE SERVICES - Has the ability and patience needed to work with and relate to children and youth in a positive manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check applicable block. (If any answer is "YES" to the following questions, give details under "Remarks.")	YES	NO
6. Do you have any reason to question this person's loyalty to the United States?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have any knowledge of any behavior, activities, or associations which tend to show that this person is not reliable, honest, trustworthy, and of good conduct and character?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever observed or do you have knowledge of any behavior that would make you reluctant to hire or recommend this person for a position working with or caring for children/youth?	<input type="checkbox"/>	<input type="checkbox"/>

9. REMARKS		
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10. REFERENCE'S NAME (Last, First, Middle Initial)	11. REFERENCE'S SIGNATURE (or phone number if completed telephonically)	12. DATE (YYYYMMDD)
13. POC'S NAME AND POSITION (If completed telephonically)	14. POC'S SIGNATURE (If completed telephonically)	15. DATE (YYYYMMDD)

EMPLOYMENT REFERENCE INQUIRY

For use of this form see AR 215-3; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 2105, Employee; Department of Defense Instructions 1400.25 v1401, DoD Civilian Personnel Management System: General Information Concerning Nonappropriated Fund (NAF) Personnel Policy; Army Regulation 215-3, Nonappropriated Funds Instrumentalities Personnel Policy.

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	FELLOW EMPLOYEE <input type="checkbox"/>	<input type="checkbox"/>
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b. COOPERATION - A team worker, maintains good working relationships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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d. SOUND JUDGEMENT/ABILITY TO ADAPT UNDER PRESSURE - Poise and judgment in meeting adverse or emergency situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/> MANAGERIAL SKILLS - Ability to plan and organize work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/> CHILD CARE SERVICES - Has the ability and patience needed to work with and relate to children and youth in a positive manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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8. Have you ever observed or do you have knowledge of any behavior that would make you reluctant to hire or recommend this person for a position working with or caring for children/youth?	<input type="checkbox"/>	<input type="checkbox"/>

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