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*Thank you for your interest in  
volunteering with children for the  
Religious Support Office (RSO)  
Chapel Programs.*

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Please complete the following Volunteer Registration Packet.

Return UNSIGNED completed packet to:

Beth Shamhart  
Administrative Assistant  
Religious Support Office  
Bldg. 340, 14130 3<sup>rd</sup> Street  
(across the street from east side of GLWACH)  
Fort Leonard Wood, MO 65473  
(573) 596-2127

**PLEASE NOTE:**

If you have moved to FLW from another installation where you volunteered, please let me know. Your volunteer background check may be transferrable.

**FLW CHAPLAIN PROGRAM VOLUNTEERS**  
**BACKGROUND CHECK PACKET COVER SHEET**

(As of 16 September 2020)

**A. Here are your FOUR STEPS to follow to be a volunteer to work with chapel children/youth:**

**1. Speak with head of the ministry you wish to serve to get their recommendation:**

- a. Congregation: The Pastor
- b. CCD: Catholic Priest
- c. Catholic Youth: Catholic Priest
- c. PWOC: Sponsoring Chaplain
- d. Protestant Youth: Sponsoring Chaplain or DRE
- e. VBS: Sponsoring Chaplain or DRE
- f. Wed Night Live: Sponsoring Chaplain or DRE

**2. Contact Mrs. Beth Shamhart to begin the official background check process Mon-Thurs between the hours of 0600 and 1600.**

- a. Her phone is 573-596-2127.
- b. Her office is in the Religious Support Office; 14130 3<sup>rd</sup> St, across the street from the east side of GLWACH, Room 120.

**3. After speaking with Mrs. Shamhart make a fingerprint appointment.**

- a. Call 573-596-6839 to make the fingerprint appointment at the IMCOM Garrison Security Office.  
(They cannot fingerprint you until Mrs. Shamhart has sent them your IMCOM 28 Request Form)
- b. The IMCOM Garrison Security Office is located in Bldg. 312. A map for the G2 is included in this packet.
- c. Once you have completed your fingerprint appointment you can proceed with Step 4.

**4. Fill out BC packet, DO NOT SIGN, return to Mrs. Beth Shamhart for processing.**

**B. Upon completion of the background check process:**

- 1. You will receive an email from Mrs. Shamhart when you have been cleared to work as a chapel volunteer with children/youth. Volunteers working with children are not allowed to begin volunteering with children until their background check is complete you have received an email from Mrs. Shamhart.

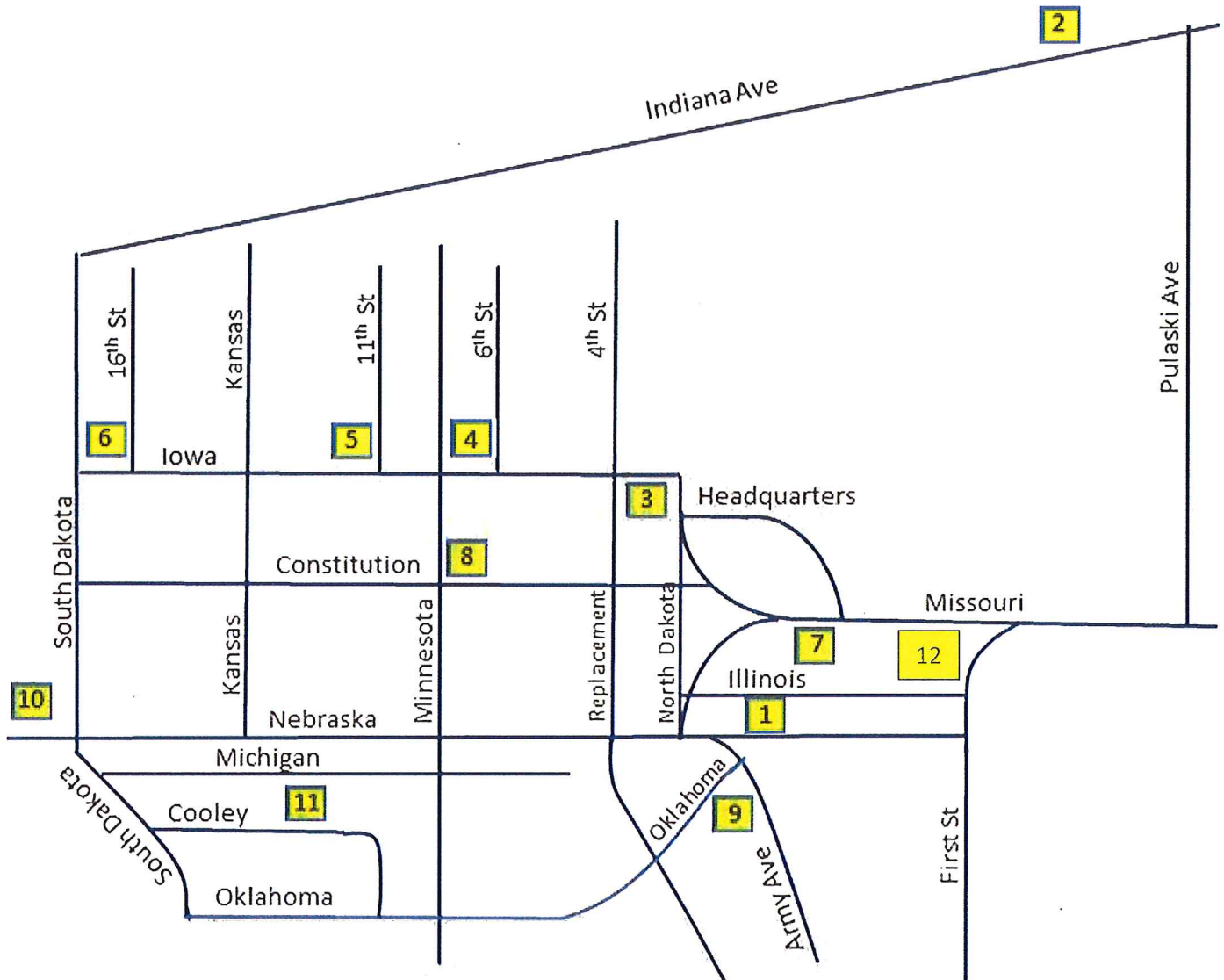
**(Remember the background check process can take approximately two weeks)**

- 2. After being contacted of completion, go to <https://www.myarmyonesource.com> to register as a volunteer and track/record your hours.

## DIRECTIONS TO IMCOM GARRISON SECURITY OFFICE

FROM OFF THE INSTALLATION:

ENTERING THE MAIN GATE AT ST. ROBERT ON MISSOURI AVENUE, TAKE A LEFT ONTO FIRST STREET AND THE FIRST RIGHT WHICH IS HAWAII AND THE BUILDING (312) IS ON THE LEFT. THE BUILDING WILL SAY DPTMS.. THE SECURITY OFFICE IS LOCATED ON THE FIRST FLOOR.



- 1 – Religious Support Office
- 2 – Youth Religious Education Center (YREC)
- 3 - Soldier Memorial Chapel (SMC)
- 4 - North Iowa Chapel (NIC)
- 5 - Central Iowa Chapel (CIC)
- 6 - South Iowa Chapel (SIC)
- 7 – Hospital Chapel
- 8 – Main Post Chapel (MPC)
- 9 – Grant Hall – 43<sup>rd</sup> Reception BN
- 10 – Museum Chapel
- 11 – Specker Barracks Chapel (SBC)
- 12 – DPTMS (fingerprint office)

For Fingerprint Appointments call:

Savannah Kennedy at 573-596-6839





Updated: 1 OCT 2019



Fort Leonard Wood, Missouri  
Religious Support Office  
Volunteer/Watch Care Application

**FULL** Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Maiden Name (If applicable)/Previous Name(s) \_\_\_\_\_

Address \_\_\_\_\_  
(Street) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip) \_\_\_\_\_

Main Telephone \_\_\_\_\_ Alternative Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth (City/State/Country) \_\_\_\_\_

Have you ever volunteered at another installation? \_\_\_\_\_ If so, which one? \_\_\_\_\_

Congregational Activity – check all that apply

_____ Catholic	_____ AWANAS	_____ Sunday School
_____ Gospel	_____ PWOC	_____ Vacation Bible School
_____ Protestant	_____ CWOC	_____ Other _____
_____ Youth of the Chapel	_____ Main Post Chapel	_____ Chapel, please list name _____
_____ Children's Church	_____ Watch Care	

1. Have you had any personal experience(s) involving children/youth? If so, please briefly explain.

\_\_\_\_\_  
\_\_\_\_\_

2. References: Employers, Previous Employers, Volunteer or School – **EXCLUDES RELATIVES**. (2 required)

(1) \_\_\_\_\_ Phone # \_\_\_\_\_

(2) \_\_\_\_\_ Phone # \_\_\_\_\_

Watch Care and/or Volunteer availability - circle all applicable

Days of the week: Sun Mon Tues Wed Thurs Fri Sat

I declare under penalty that the information contained in this application form and any attachments and documents submitted with my application are true and correct to the best of my knowledge, information and belief.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**OFFICE USE ONLY**

References Checked ☐ Results: FAVORABLE ☐ UNFAVORABLE ☐ \_\_\_\_\_

Functional Manager: \_\_\_\_\_

Signature and Date

# 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, (client's full name), this        day of        20      ,  
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/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 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.

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.

NAME OF MEDCEN/MEDDAC COMMANDER OR DESIGNATED REPRESENTATIVE *(Type or print)*

DATE

SIGNATURE



## Department of the Army

### RELEASE/CONSENT STATEMENT

#### PRIVACY ACT STATEMENT

AUTHORITY: 42 USC 13041 AND 10 USC 3013.

PRINCIPAL PURPOSE: TO COMPLY WITH REQUIREMENTS OF PUBLIC LAW 101-647, SECTION 231 (CRIME CONTROL ACT OF 1990), DoDI 1402.05 AND FOR NONAPPROPRIATED FUND, ARMY REGULATION (AR) 215-3.

ROUTINE USES: TO INITIATE THE BACKGROUND CHECK REQUIREMENTS OF THE STATUTE AND GOVERNING REGULATION.

Type or Print Name (Last, First MI):

#### Section I: Statement of Previous Arrest or Charge:

1. Have you ever been arrested for or charged with a crime involving a child? \_\_\_\_ Yes \_\_\_\_ No
2. Have you ever been asked to resign because of, or been decertified for, a sexual offense? \_\_\_\_ Yes \_\_\_\_ No
3. Have you ever been convicted of any offense against the law or forfeited collateral or are you now under charges for any offense against the law? (You may omit: (1) Traffic violations for which you paid a fine of \$300.00 or less unless the violation was alcohol or drug related, and (2) any offense committed before your 21st birthday which was finally adjudicated in a juvenile court or under a youth offender law.) \_\_\_\_ Yes \_\_\_\_ No

If you answer "yes" to any question above, describe the case disposition below. Include the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved; or if a military action (to include Article 15), the military authority or court involved, and the final disposition of the case; to include fine(s)/amount paid, found guilty or not, loss of rank etc. Be sure to disclose any covered charges or incidents, even if they were expunged, and/or even if you have been advised by your attorney that you do not need to disclose them on employment forms, as they will be identified in the background check process. You must also disclose all covered incidents even if you did so on a previous consent and release form, Optional Form 306, Department of Army Form 3433, or other such document and/or if the incident was previously considered by a Program Review Board or otherwise adjudicated IAW Army guidance. If additional space is needed, please attach a separate sheet of paper as a continuation page and include your printed name at the top and signature and date at the bottom.

Date of Violation/Incident	Explanation of Violation/Incident or Charge	Place of Occurrence	Name and Address of Police Department or Court Involved	If Military, Military Authority or Court Involved	Final Disposition of the Case



RELEASE/CONSENT STATEMENT (Cont)

Type or Print Name (Last, First MI) \_\_\_\_\_

Section II: Statement of Understanding and Release:

1. I have been advised that my being hired or selected for, and continuing employment or service in a position having regular contact with children under the age of 18 will be based upon favorable completion of all required background checks. I understand that these may include:

- a. Army Law Enforcement Reporting & Tracking System (ALERTS) // Defense Central Index of Investigations (DCII)
- b. Army Substance Abuse Program (ASAP) to include records from the Substance Use Disorder Clinical Care (SUDCC) which may include that pertaining to my identity, diagnosis, or treatment from any Army record maintained in connection with alcohol or other drug abuse education, training, treatment, rehabilitation or research.
- c. Medical Treatment Facilities (MTF) – Army Central Registry (ACR)
- d. Federal Bureau of Investigation Fingerprint Special Agreement Check (FBI-FP-SAC)
- e. State Criminal History Repository (SCHR) Checks for each state where I have resided for the last five years.
- f. Any other records as appropriate and to the extent permitted by law.

2. I have been advised and understand that the above listed checks will be completed annually, or every three or five years (depending on the position) while I am employed/contracted/volunteering in a position that requires regular contact with children under the age of 18, and that these checks may also be completed to authenticate issues that surface during my employment or service. I understand that this consent does not expire and will be utilized to conduct these periodic reverification checks. I also understand that except to the extent such action has been taken, I can revoke my consent at any time but this will preclude my continued service in a child services position. I also understand that if the report of these checks contains adverse information, I have a right to challenge the accuracy or completeness of the information contained therein.

3. I understand that failure to disclose this information or provide consent precludes me from employment or continued service in a child services position, and may form the basis for withdrawal of a tentative (conditional) job offer, or removal from my position and/or the federal service.

Section III: Signature:

A false statement may result in adverse action up to and including removal. Under U.S. Code 1001, the federal punishment for perjury is fine or imprisonment for up to 5 years or both.

I declare under penalty of perjury that the information contained in this application form and any attachments or documents submitted in connection with my application for this position are true and correct to the best of my knowledge, information, and belief.

I hereby confirm my understanding of the information in this statement; and authorize the release of my name and Social Security Number for the purpose of conducting the required checks in Section II.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## VOLUNTEER AGREEMENT FOR

☐ APPROPRIATED FUND ACTIVITIES☐ NONAPPROPRIATED FUND INSTRUMENTALITIES

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 1588, Authority to accept certain voluntary services; 5 U.S.C. 3111, Acceptance of volunteer service; and DoDI 1100.21, Voluntary Services in the Department of Defense.

**PRINCIPAL PURPOSES(S):** To acknowledge and document Volunteer Agreement for Appropriated Fund Activities or Nonappropriated Fund Instrumentalities before a statutory individual is allowed to provide volunteer services.

**ROUTINE USES:** There are no specific routine uses anticipated for this information; however, it may be subject to a number of proper and necessary routine uses that are identified in each of the following systems of records notices: (1) A0608b DFSC, Personal Affairs: Army Community Service Assistance Files (at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570084/a0608b-cfsc/>); (2) NM01754-2, DON Family Support Program Volunteers (at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570427/nm01754-2/>); and (3) F036 AFDPC, Family Services Volunteer and Request Record (at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/569815/f036-af-dp-c/>).

**DISCLOSURE:** Voluntary; however, lack of a signed Volunteer Agreement will limit Government support and eliminate certain benefits to individuals donating voluntary services to Appropriated Fund Activities and Nonappropriated Fund Instrumentalities.

## PART 1 - GENERAL INFORMATION

1. NAME OF VOLUNTEER (Last, First, Middle Initial)	2. NAME OF PARENT/GUARDIAN (If volunteer is under age 18) (Last, First Middle Initial)	3. VOLUNTEER IS (Select one) <input type="checkbox"/> AGE 18 OR OVER <input type="checkbox"/> UNDER AGE 18
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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
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11. DESCRIPTION OF VOLUNTEER SERVICES

## PART III - VOLUNTEER CERTIFICATION

## 12. CERTIFICATION

I expressly agree that my services (or those of my minor child) are being provided as a volunteer and that I will not be an employee of the United States Government or any instrumentality thereof, except for certain purposes relating to compensation for injuries occurring during the performance of approved volunteer services, tort claims, the Privacy Act, criminal conflicts of interest, and defense of certain suits arising out of legal malpractice. I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits for these voluntary services. I agree to be bound by the laws and regulations applicable to voluntary service providers, to participate in any training required to perform assigned voluntary duties, and to follow all installation, unit and organization rules and procedures applicable to the voluntary services I (or my minor child) will be providing.

a. SIGNATURE OF VOLUNTEER

b. SIGNATURE OF PARENT/GUARDIAN (if volunteer is under age 18)

c. DATE SIGNED (YYYYMMDD)

13.a. NAME OF ACCEPTING OFFICIAL (Last, First, Middle Initial)

b. SIGNATURE

c. DATE SIGNED (YYYYMMDD)

## PART IV - TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR AND SIGNED BY VOLUNTEER

14. AMOUNT OF VOLUNTEER TIME DONATED	a. YEARS. (2,087 hours = 1 year)	b. WEEKS	c. DAYS	d. HOURS	15. SERVICE END DATE (YYYYMMDD)
16.a. VOLUNTEER SIGNATURE	b. PARENT/GUARDIAN SIGNATURE (If volunteer is under age 18)	17.a. NAME OF SUPERVISOR (Last, First, Middle Initial)	b. SUPERVISOR'S SIGNATURE	c. DATE SIGNED (YYYYMMDD)	



For Youth Parents ONLY

## PARENTAL PERMISSION

For use of this form, see AR 608-1; the proponent agency is OACSIM.

### SECTION I

I, \_\_\_\_\_ ☐ parent ☐ guardian, give my permission for  
\_\_\_\_\_  
(name of child), to volunteer at  
\_\_\_\_\_  
(name of agency/activity) on  
\_\_\_\_\_  
(installation) on \_\_\_\_\_ (date or day of  
week) from \_\_\_\_\_ (time).

I understand that my child will be performing the following volunteer services.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Description of volunteer service performed)

### SECTION II - FOR APPROPRIATED FUND ORGANIZATIONS

I understand that \_\_\_\_\_ (name of child) will be performing as a volunteer  
and he or she is not, because of these services, an employee of the United States Government or any  
instrumentality thereof (except for certain purposes relating to criminal conflicts of interest, the Privacy Act, tort  
claims and workman's compensation coverage concerning incidents occurring during the performance of  
approved volunteer service as specified in 10 USC Section 1588(d)(1)) and shall receive no present or future  
salary, wages, or related benefits as payment for these volunteer services.

TYPED/PRINTED NAME OF PARENT OR GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

DATE (YYYYMMDD)

### SECTION III - FOR NON-APPROPRIATED FUND ORGANIZATIONS

I understand that \_\_\_\_\_ (name of child) will be performing services as  
a volunteer and he or she is not, because of these services, an employee of the United States Government or  
any instrumentality thereof (except for certain purposes relating to tort claims and workman's compensation  
coverage concerning incidents occurring during the performance of approved volunteer service as specified in  
10 USC Section 1588(d)(2)) and shall receive no present or future salary, wages, or related benefits as payment  
for these volunteer services.

TYPED/PRINTED NAME OF PARENT OR GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

DATE (YYYYMMDD)