

NAF ATSUGI COACHING APPLICATION

Volunteer Information

Last Name		First Name		MI	Rank/Quals
Home Phone	Work Phone	Cell Phone	SSN/DES		
Email			Alternate Email		
PSC Mailing Address		Command	Rotation Date		Branch

Coaching Preference

SPORT (Select Sport)	AGE DIVISION (Select Age Division)	<input type="radio"/> Head Coach <input type="radio"/> Assistant Coach
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Do you have a child in the age division that you are requesting to coach?

No
 If yes, please insert child's information (Last,First) _____

Coaching Experience

If any, Please state the total number of years and the program in which you have coached

SPORT	Ages 5-6	Ages 7-8	Ages 9-10	Ages 11-12	Ages 13-15	Ages 16-18
Baseball/Softball						
Flag Football						
Soccer						
Basketball						
Cheerleading						
Volleyball						
other						

CPR Qualified yes no

Sports Safety yes no

Comments



VOLUNTEER AGREEMENT FOR

APPROPRIATED FUND ACTIVITIES

NONAPPROPRIATED FUND INSTRUMENTALITIES

PRIVACY ACT STATEMENT

AUTHORITY: Section 1588 of Title 10, U.S. Code, and E.O. 9397.

PRINCIPAL PURPOSE(S): To document voluntary services provided by an individual, including the hours of service performed, and to obtain agreement from the volunteer on the conditions for accepting the performance of voluntary service.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however failure to complete the form may result in an inability to accept voluntary services or an inability to document the type of voluntary services and hours performed.

PART I - GENERAL INFORMATION

1. TYPED NAME OF VOLUNTEER <i>(Last, First, Middle Initial)</i>		2. SSN	3. DATE OF BIRTH <i>(YYYYMMDD)</i>
4. INSTALLATION		5. ORGANIZATION/UNIT WHERE SERVICE OCCURS	
6. PROGRAM WHERE SERVICE OCCURS		7. ANTICIPATED DAYS OF WEEK	8. ANTICIPATED HOURS
9. DESCRIPTION OF VOLUNTEER SERVICES			

PART II - VOLUNTEER IN APPROPRIATED FUND ACTIVITIES

10. CERTIFICATION

I expressly agree that my services 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 and agree to participate in any training required by the installation or unit in order for me to perform the voluntary services that I am offering. I agree to follow all rules and procedures of the installation or unit that apply to the voluntary services I will be providing.

a. SIGNATURE OF VOLUNTEER		b. DATE SIGNED <i>(YYYYMMDD)</i>	
11.a. TYPED NAME OF ACCEPTING OFFICIAL <i>(Last, First, Middle Initial)</i>	b. SIGNATURE	c. DATE SIGNED <i>(YYYYMMDD)</i>	

PART III - VOLUNTEER IN NONAPPROPRIATED FUND INSTRUMENTALITIES

12. CERTIFICATION

I expressly agree that my services 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 and liability for tort claims as specified in 10 U.S.C. Section 1588(d)(2). 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, and agree to participate in any training required by the installation or unit in order for me to perform the voluntary services that I am offering. I agree to follow all rules and procedures of the installation or unit that apply to the voluntary services that I am offering.

a. SIGNATURE OF VOLUNTEER		b. DATE SIGNED <i>(YYYYMMDD)</i>	
13.a. TYPED NAME OF ACCEPTING OFFICIAL <i>(Last, First, Middle Initial)</i>	b. SIGNATURE	c. DATE SIGNED <i>(YYYYMMDD)</i>	

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

14. AMOUNT OF VOLUNTEER TIME DONATED				15. SIGNATURE	16. TERMINATION DATE <i>(YYYYMMDD)</i>
a. YEARS <i>(2,087 hours = 1 year)</i>	b. WEEKS	c. DAYS	d. HOURS		
17.a. TYPED NAME OF SUPERVISOR <i>(Last, First, Middle Initial)</i>				b. SIGNATURE	c. DATE SIGNED <i>(YYYYMMDD)</i>

NAVY CHILD AND YOUTH PROGRAMS
VOLUNTEER INFORMATION FORM

REQUIRING DIRECTIVE OPNAVINST 1700.9

NAME:	
ADDRESS:	
HOME/CELL PHONE:	WORK PHONE:
SOCIAL SECURITY NUMBER:	
LOCATION AND POSITION APPLYING TO VOLUNTEER FOR:	
CURRENT PLACE OF EMPLOYMENT/SCHOOL:	
ADDRESS:	
SUPERVISOR:	
LIST LAST THREE EMPLOYERS/SCHOOLS: (Include address, phone number, and dates employed/attended)	
1.	
2.	
3.	
LIST THREE PERSONAL REFERENCES: (Include phone numbers)	
1.	
2.	
3.	
AVAILABILITY (Days and Hours):	
SIGNATURE:	
<p style="text-align: center;">PRIVACY ACT STATEMENT:</p> <p>AUTHORITY: P.L. 101-89, Sec, 1507, "Military Child Care Act of 1989"; Title 5 U.S.C. 301 Department Regulations; E.O. 9397; and OPNAVINST 1700.9 "Child and Youth Programs."</p> <p>PURPOSE: To provide Child and Youth Programs (CYP) with information to determine the qualifications, suitability and availability of applicants for volunteer positions within the CYP.</p> <p>ROUTINE USES: The information will be used to assess qualifications entitlement and overall volunteer suitability. Information furnished may be disclosed to any DoD component, and upon request, to other federal, state and local governmental agencies in the pursuit of their official duties relating to proper child supervision. Finally, the information may be disclosed to law enforcement activities for the purpose of litigation.</p> <p>VOLUNTARY DISCLOSURE: Furnishing the information is voluntary; however, failure to provide the requested information may prevent you from receiving full consideration for the position you seek.</p>	

**NAVY CHILD AND YOUTH PROGRAMS
INDIVIDUAL DEVELOPMENT PLAN
CHILD AND YOUTH PROGRAM VOLUNTEERS
ORIENTATION TRAINING RECORD**

REQUIRING DIRECTIVE OPNAV 1700.9

PRIVACY ACT STATEMENT:

AUTHORITY: P.L. 101-89, Sec. 1507, "Military Child Care Act of 1989"; Title 5 U.S.C. 301 Department Regulations; E.O. 9397; and OPNAVINST 1700.9 "Child and Youth Programs."

PURPOSE: To provide Child and Youth Programs (CYP) with information to determine the qualifications, suitability and availability of applicants for volunteer positions within the CYP.

ROUTINE USES: The information will be used to assess qualifications entitlement and overall suitability. Information furnished may be disclosed to any DoD component, upon request, to other federal, state and local governmental agencies in the pursuit of their official duties relating to proper child supervision. Finally, the information may be disclosed to law enforcement activities for the purpose of litigation.

VOLUNTARY DISCLOSURE: Furnishing the information is voluntary; however, failure to provide the requested information may prevent you from receiving full consideration for the volunteer position you seek.

Volunteer Name:	Event/League/Program Volunteering for:		
Command/Work Place:	Home Phone:	Work Phone:	Cell Phone:
Volunteer Position Title:	Volunteer Schedule:		

Note: Clock hours may exceed the minimum requirement

Volunteer Orientation Training: <i>(Minimum of 8 hours)</i>	DATE	CLOCK HOURS	TRAINER'S INITIALS	VOLUNTEER'S INITIALS	COMMENTS
Program Orientation					
Child Abuse Identification, Reporting, and Prevention Procedures					
Age Appropriate Activities, Guidance and Touch Policies					
Regulations and applicable Navy Regulations, and local policies					
Child Health and Safety					
Role of or Documented Function of Volunteers					
Fire Prevention, Protection, Emergency Evacuation and Safety Procedures					
TOTAL TRAINING HOURS					

All Youth Sports Coaches and Assistant Coaches must also complete the following training

YOUTH SPORTS VOLUNTEERS ADDITIONAL TRAINING REQUIREMENTS	DATE	NAME OF TRAINER	T&C INITIALS	VOLUNTEER'S INITIALS
Nationally Recognized Youth Sports Organization Training				
CPR Certification				
First Aid Certification				
Psychology of Coaching Youth Sports				
Organization of Games and Practicees, Skill and Technique Development				

Authorization for Release of Information and Records

In accordance with the Privacy Act of 1974, I understand that certain information is required to determine my suitability for employment as required by OPNAVINST 1700.9E, BUPERSINST 1710.21 and DOD 5200.2-R.

I understand that my social security number, in accordance with Executive Order 9397, will be used to compile information bearing on my personal history and background for the purpose of determining my qualifications for employment.

I further understand that disclosure of any information is voluntary; however, failure to do so will disqualify me from working for MWR in a position of trust and/or other position which may require a background check.

I hereby authorize and consent to the release of information and records to any investigators, special agents or duly accredited representatives of the Department of Defense. This authorization is valid for six (6) months from the date signed.

Name (Last, First, Middle)

Date of Birth

Social Security Number

Mailing Address

Signature

Date