

E2. ENCLOSURE 2SCHOOL VOLUNTEER APPLICATION

SCHOOL VOLUNTEER APPLICATION	
PRIVACY ACT STATEMENT	
<p>AUTHORITY: Section 113 of title 10 (Secretary of Defense), section 13041 of title 42 USC 13041 (Crime Control Act of 1990), and section 552a of title 5 (Privacy Act) of the United States Code, and E.O 9397 (SSN) authorize the collection of this information.</p> <p>PRINCIPAL PURPOSE: To obtain information to determine applicant suitability for acceptance as a DoDEA volunteer.</p> <p>ROUTINE USE: Disclosures of the Social Security Number and other personal information within the Department of Defense are authorized upon a demonstrated "need to know" to perform an official duty, including, but not limited to: (1) DoD attorneys rendering advice and assistance, and (2) DoD law enforcement or security activities concerning a law enforcement or security investigation. Other routine disclosures of relevant and necessary information are authorized to agencies outside of the DoD by DoDEA and DoD Privacy Act Systems Notices, and by government-wide systems notices which may be found at http://www.defenselink.mil/privacy/notices/od/.</p> <p>DISCLOSURE: <u>VOLUNTARY</u>. Failure to disclose the information may delay or render an individual unable to participate in the volunteer program</p>	
Instruction: Provide complete information. Only completed applications can be considered.	
NAME:	SSN:
SPONSOR'S NAME:	SSN:
MAILING ADDRESS:	HOUSE ADDRESS:
Home telephone: (Area code first)	Duty telephone: (Area code first)
Facsimile number: (Area code first)	E mail Address:
List the school (s) where you are applying as a volunteer:	
1. _____	
2. _____	
3. _____	
Check all services for which you are interested in volunteering:	
<input type="checkbox"/> Classroom Activities	<input type="checkbox"/> Field Trips (Over night)
<input type="checkbox"/> Lunchroom Monitor	<input type="checkbox"/> Extracurricular Activities
<input type="checkbox"/> Bus Monitor	<input type="checkbox"/> Athletic Coaching
<input type="checkbox"/> Playground Supervision	<input type="checkbox"/> Chaperone for Student Field Trips
<input type="checkbox"/> Library Media Center	<input type="checkbox"/> Tutoring
<input type="checkbox"/> Field Trips (Day)	
<input type="checkbox"/> Other (Please specify all others)	
Complete the following questionnaire. If you answer yes, provide information requested in the space provided. If additional space is needed to answer a question, use a blank piece of paper with your name and SSN noted at the top of the page.	

DoDEA Form 4700.3-F1, May 2006

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Question	YES	NO
1. Do you have a child/children in the school(s) where you wish to volunteer?		
What Grade level(s)?		
2. Do you have experience as a school volunteer?		
Describe your past experiences.		
3. Have you ever been removed from a school volunteer position?		
Describe the circumstances.		
4. Can you provide a character reference?		
Give the name and telephone number.		
5. Have you ever been arrested for, charged with, or convicted of a crime involving a child?		
If "Yes," state the disposition of the arrest charge.		
6. Have you ever been asked to resign from a job because of, or been decertified for a sexual offense?		
Describe the circumstances.		
<u>Pre-Selection Agreement</u>		
If selected for a school volunteer position, I agree to immediately notify the Principal of the school of any subsequent adverse information regarding myself that would indicate poor judgment, unreliability, or untrustworthiness in working with children.		
<u>Certification that My Answers Are True</u>		
My statements on this form, and any attachments to it, are true, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form may result in denial of selection for or termination of volunteer services, and possible law enforcement referral as appropriate.		
Signature _____	Date _____	

DoDEA Form 4700.3-F1, (Back) May 2006

MILITARY POLICE RECORD CHECK (USAREUR Memo, AEAGC-PDP-L, 8 January 2010, Subject: Local Military Police Background Checks in Germany)	1. Control number
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The Military Police Record Check is intended to be completed within 72 hours to allow for researching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Privacy Act Statement

AUTHORITY: Title 10 United States Code, Section 3013; 18 USC 921-922; 28 USC 534; DODI 1030.01; AR 190-45; and E.O. 9397.

PRINCIPAL PURPOSE: To conduct military police record checks using military police reporting systems. Military police record checks are conducted only for authorized reasons (for example, childcare and youth program providers, access control, unique or special duty assignments, security clearances). Any information released must be restricted to that necessary and relevant to the requester's official purpose.

ROUTINE USES: Information collected on this form may be released to law enforcement agencies engaged in the investigation or prosecution of a criminal act or the enforcement or implementation of a statute, rule, regulation or order; and to any component of the Department of Justice for the purpose of representing the DOD.

DISCLOSURE: Voluntary; however, failure to provide the required information may result in the inability of this office to conduct the requested checks.

This data is **FOR OFFICIAL USE ONLY** and will be maintained and used in strict confidence in accordance with Federal law and regulations. Knowingly and willfully making a false statement on this document may be punishable by fine or imprisonment or both. All information provided by you, which possibly may reflect adversely on your past conduct and performance, may have an adverse effect on you in your goal of employment.

Section I (To Be Completed By Subject)

2. Name of subject (Last, first MI)	3. Sex	4. Place of birth	
	Male <input type="checkbox"/>	a. City	
	Female <input type="checkbox"/>	b. State/ Country	
5. Date of birth (YYYYMMDD)	6. Social security/Passport no.	7. Telephone no.	8. E-mail address

9. I hereby consent to the release of all files produced from the records check.	Signature
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Section II (To Be Completed By Requesting Agency)

10. Reason for request			
11. Name of requester (Person and agency)	12. Grade	13. E-mail address	14. Signature

Section III (To Be Completed By Military Police Or Other Agency)

15. Findings (Derogatory information on record)	
No <input type="checkbox"/>	Results
Yes <input type="checkbox"/>	

This is to certify that the above data is correct and true according to the record on file in this office. This information is confidential and cannot be used in any other manner except for official purposes.

16. Printed name and title	17. Date (YYYYMMDD)	18. Signature
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