



dodea pacific

WEST DISTRICT

HUMPHREYS HIGH SCHOOL

UNIT 15797

APO AP 96271-5797



## **Thank you for your interest in volunteering to work with our students of Humphreys High School.**

Humphreys High School requires all interested volunteers to undergo a careful screening process which includes background checks, reference checks and interviews to ensure the safety and well-being of our students.

Please fill out all of the pages included in this packet completely and legibly.

Once the packet is completely filled out, please turn it into the Humphreys High School Administrative Office for further processing.

The Point of Contact (POC) for this packet is Mrs. Hong, Mina. If you have any questions, please contact Mrs. Hong at DSN: 756-9425, COMM: 0503-356-9425 or [mina.hong@pac.dodea.edu](mailto:mina.hong@pac.dodea.edu).

Mina Hong  
Secretary  
Humphreys High School

Instruction

**SECTION I - INDIVIDUAL**

**Block 1.** Control number (issued by the United States Army garrison (USAG) directorate of emergency services (DES)).

**Block 2.** Self-explanatory.

**Block 3.** Self-explanatory.

**Block 4.** Self-explanatory.

**Block 5.** Self-explanatory.

**Block 6.** Self-explanatory.

**Block 7.** Self-explanatory.

**Block 8.** Self-explanatory.

**Block 9.** Signature. Individual signature is not required if submitted by an authorized agency representative. An authorization memorandum must be on file with the USAG DES.

**SECTION II - AUTHORIZED AGENCY**

**Block 10.** State the reason.

**Block 11.** Self-explanatory.

**Block 12.** Self-explanatory.

**Block 13.** Self-explanatory.

**Block 14.** Signature. Common access card (CAC) signature and electronic submission to USAG DES is preferred. Contact the USAG DES for electronic submission instructions.

**SECTION III - MILITARY POLICE**

**Block 15.** Findings. Check the appropriate box to indicate the finding of results.

**Block 16.** Self-explanatory.

**Block 17.** Self-explanatory.

**Block 18.** Signature. CAC signature and electronic distribution is preferred.

ELECTRONIC FINGERPRINT REQUEST

Applicant DATA Entry

TOT: FAUF-FEDERAL APPLICANT USER FEE

DATE APPLICANT WAS FINGERPRINTED: \_\_\_\_\_

TRANSACTION NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ SON: DD94 SOI: DD94 IPAC: DoD-SCH

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

SUFFIX: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HEIGHT IN INCHES: \_\_\_\_\_

SEX: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

RACE: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

REASON FOR FINGERPRINTS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

ATTENTION: 111

APPLICANT'S RESIDENCE ADDRESS

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMPLOYER INFORMATION

EMPLOYER NAME: DODEA PACIFIC

STREET: UNIT 35007

CITY: APO STATE: AP ZIP: 96376

**BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION**  
**(Department of Defense Child and Youth (C&Y) Programs)**

OMB No. 0704-0516  
 OMB approval expires  
 May 31, 2017

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, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0516). 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.

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE APPROPRIATE C&Y PROGRAM REPRESENTATIVE.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Executive Order 10450 and/or Section 231 of the Crime Control Act of 1990 (42 U.S.C. 13041); DoD Instruction 1402.5, Criminal History Background Checks on Individuals in Child Care Services; DoD Instruction 6060.2, Child Development Programs.

**PRINCIPAL PURPOSE(S):** To require each employee, DoD contractor, family child care provider, adult family member of a family child care provider, and specified volunteers of a DoD C&Y program to undergo a background check and to annually self-report changes to his or her criminal history. This form covers a five year period at the end of which a new form must be initiated. When completed, records are covered by one of the appropriate SORNs:

Army: [http://dpclo.defense.gov/privacy/SORNs/component/army/A0608-10\\_CFSC.html](http://dpclo.defense.gov/privacy/SORNs/component/army/A0608-10_CFSC.html)

Navy: <http://dpclo.defense.gov/privacy/SORNs/component/navy/NM01754-3.html>

Air Force: [http://dpclo.defense.gov/privacy/SORNs/component/airforce/F034\\_AF\\_SVA-C.html](http://dpclo.defense.gov/privacy/SORNs/component/airforce/F034_AF_SVA-C.html)

**ROUTINE USES:** This form is to be used for DoD C&Y programs only. This form will be initiated by C&Y program staff and will be maintained in C&Y program offices. The DoD "Blanket Routine Uses" found at [http://dpclo.defense.gov/privacy/SORNs/blanket\\_routine\\_uses.html](http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html) may apply to these records.

**DISCLOSURE:** Voluntary; however, failure to furnish all requested information may result in an unfavorable adjudication decision and may affect suitability of working with or around children.

<b>1. NAME</b> (Last, First, and Middle Name) (Do not use initials or abridgements.)		<b>2. OTHER NAME(S) USED</b>	
<b>3. PLACE OF BIRTH</b> (City, State, Country)	<b>4. DATE OF BIRTH</b> (MM/DD/YYYY)	<b>5. GENDER</b> (X one) <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>6. INSTALLATION/PROGRAM NAME</b>		<b>7. DATE OF HIRE</b> (To be completed by CDP staff only)	

**8.a.** Have you ever been arrested, charged, or convicted by Federal, State, or other Law enforcement authorities for any violation of any Federal law, Military law, State law, County or Municipal law, Regulation or Ordinance? (Do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.) (X one)

Yes  No If you answered "Yes," explain your answer in the space provided below.

**b.** Have you ever been arrested, charged or held by Federal, State or Other Law Enforcement Authorities for any crime or offense involving any of the following: Mark Yes or No for each category. Failure to provide information may result in an unfavorable adjudication decision. All other charges must be included in the space provided below even if they were dismissed. If you answered "Yes," explain your answer in the space provided below.

CHILD: <input type="checkbox"/> Yes <input type="checkbox"/> No	DRUG OR ALCOHOL: <input type="checkbox"/> Yes <input type="checkbox"/> No	VIOLENT CRIME/ ASSAULTIVE BEHAVIOR: <input type="checkbox"/> Yes <input type="checkbox"/> No
SEX CRIME: <input type="checkbox"/> Yes <input type="checkbox"/> No	DOMESTIC VIOLENCE: <input type="checkbox"/> Yes <input type="checkbox"/> No	OTHER: <input type="checkbox"/> Yes <input type="checkbox"/> No

(1) MONTH/ YEAR	(2) OFFENSE	(3) ACTION TAKEN	(4) LAW ENFORCEMENT AUTHORITY OR COURT (City & Country if outside the United States)	(5) STATE	(6) ZIP CODE

**9. ANNUAL CERTIFICATIONS.**

In the past year, I have not been arrested, charged or held by law enforcement in regard to anything mentioned in block 8 above.

Yes  No If you answered "Yes," explain your answer in the space provided on the back of this form.

<b>a. INITIAL CERTIFICATION</b> (1) Signature				(2) Date (YYYYMMDD)	
<b>b. 2nd YEAR</b> (X as above) <input type="checkbox"/> Yes <input type="checkbox"/> No	(1) Signature	(2) Date (YYYYMMDD)	<b>c. 3rd YEAR</b> (X as above) <input type="checkbox"/> Yes <input type="checkbox"/> No	(1) Signature	(2) Date (YYYYMMDD)
<b>d. 4th YEAR</b> (X as above) <input type="checkbox"/> Yes <input type="checkbox"/> No	(1) Signature	(2) Date (YYYYMMDD)	<b>e. 5th YEAR</b> (X as above) <input type="checkbox"/> Yes <input type="checkbox"/> No	(1) Signature	(2) Date (YYYYMMDD)

**Failure to disclose accurate information may be grounds for dismissal, termination, or disbarment from participating in the program.**

**BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION**

10. NOTES (Use this space to enter additional comments.)

**11. 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, and/or state agencies, and/or foreign governments, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Investigation Service (DIS), 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 and worked. This authorization is valid for one year from the date this form was signed or upon 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. 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 competencies 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 confidential, and disclosure limited to purposes authorized under the Privacy Act - mainly to conduct 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 compliance, or any 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 if I am charged with a crime referenced in block 9 above.

**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

## INSTRUCTIONS FOR COMPLETING DD FORM 2981

This Department of Defense Form is to be completed by prospective employees and/or volunteers upon application for any position within a Department of Defense Child or Youth Program. The form will be utilized for initial and annual certification that said employee/volunteer has not been arrested, charged, or convicted by Federal, State, or other Law enforcement authorities for any violation of any Federal law, Military law, State law, County or Municipal law, Regulation or Ordinance, nor have they been arrested, charged or held by Federal, State or Other Law Enforcement 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.

Completion of this form is voluntary; however, failure to furnish all requested information may result in an unfavorable adjudication decision and may affect suitability of working with or around children.

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 place of birth to include city, state and country.
4. Provide your date of birth in mm/dd/yyyy format.
5. Provide gender.
6. Provide the installation or DoD CY program where you seek employment or to volunteer.
7. Provide the date of hire. *This is to be completed by CDP staff only.*
8. a. Place an X in the appropriate box if you have or have not been arrested, charged, or convicted by Federal, State, or other Law enforcement authorities for any violation of any Federal law, Military law, State law, County or Municipal law, Regulation or Ordinance? *(Do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.)*
8. b. Place an X in the appropriate box if you have been arrested, charged or held by Federal, State or Other Law Enforcement Authorities for any crime or offense involving any of the following: Mark Yes or No for each category. Failure to provide information may result in an unfavorable adjudication decision. All other charges must be included in the space provided below, even if they were dismissed. If you answered "Yes," explain your answer in the space provided below.
8. b. 1-6 Provide all specifics to any arrests, charges, or convictions in the provided space. If additional space is needed, use block 10.
9. On an annual basis, place an X in the appropriate box indicating if you have or have not been arrested, charged or held by law enforcement in regard to anything mentioned in block 8 above.

RELEASE OF INFORMATION

\*\*\*\*\*PRIVACY ACT STATEMENT\*\*\*\*\*

AUTHORITY: 10 U.S. Code 3012

PRINCIPAL PURPOSE: To obtain data for Military Police Record, U.S. Criminal Records Check (CRC), Defense Central Index of Investigations (DCII) Registry Review, Central Registry Check for spouse or child abuse, and local Community Counseling Check for drug/alcohol abuse to determine suitability for acceptance of employment or volunteering.

ROUTINE USE: Information will be used only by the program coordinator/manager and personnel from the Criminal Investigation Detachment, Social Work Service, and the Army Family Advocacy Program.

DISCLOSURE: VOLUNTARY Failure to disclose required information may prevent employment or acceptance as a volunteer.

This information is provided as part of an application for employment with, or volunteering for:

Have you ever been arrested for or charged with an offense involving a child, a sex crime, or a drug/alcohol related violation? \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you ever been evaluated for child abuse (includes physical, emotional, or sexual abuse and neglect)? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you currently under any investigation (military or civilian) for any complaint? \_\_\_\_\_ YES \_\_\_\_\_ NO

If you answered yes to any of the above questions, please explain:

I understand I must have a background check as a condition of employment or volunteering, and that this prevention helps ensure safety of children. Derogatory background checks will be reviewed by a Review Board and the Chain of Command, and could result in termination of employment or non-acceptance or dismissal as a volunteer. I also understand I have a right to obtain a copy of the background check report and to challenge the accuracy of any information contained in the report.

NAME \_\_\_\_\_ SSN/Korean ID# \_\_\_\_\_  
(Last, First, MI)

MAIDEN NAME or ALIAS \_\_\_\_\_ DATE ARRIVED \_\_\_\_\_

DEROS \_\_\_\_\_ GRADE \_\_\_\_\_ DOB (Day, Month, Year) \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

UNIT OF ASSIGNMENT / ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY  
HEADQUARTERS  
4800 MARK CENTER DRIVE  
ALEXANDRIA, VA 22350-1400**



**MEMORANDUM FOR THE PROVOST MARSHAL OFFICE (PMO)/SECURITY POLICE, FAMILY ADVOCACY, DRUG AND ALCOHOL PROGRAM**

**SUBJECT:** Installation Records Check (IRC), Family Advocacy Program Check (FAP), and Drug and Alcohol Program Check

**Reference:** DODI 1402.5, Criminal History Background Checks on Individuals in Child Care Services, 42 USC 1341 and 10 USC 3013, with Public Law 101-647, Section 231, Crime Control Act of 1990

We request a records review on the person named below who has applied for a position with the Department of Defense Education Activity. A statement from the applicant authorizing release of this information is attached.

Applicant Name:

Other Names Used:

SSN:

Place of Birth:

Date of Birth:

If the record reveals any derogatory information, please provide the record(s) directly to the DoDEA Security Program Manager, Andrea Dezan, at [andrea.dezan@hq.dodea.edu](mailto:andrea.dezan@hq.dodea.edu).

**FROM:** Provost Marshal's Office (PMO)/Security Police, Family Advocacy, Drug and Alcohol Program

**TO:** DoDEA Security Management Division, Personnel Security and Suitability

IRC Results: Date Reviewed  Certifying Official Signature

Certifying Official Name & Contact Information

FAP Results: Date Reviewed  Certifying Official Signature

Certifying Official Name & Contact Information

Drug/Alcohol Results: Date Reviewed  Certifying Official Signature

Certifying Official Name & Contact Information



**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, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 2018,   
*(client's full name)*  
do hereby voluntarily consent to the release of the following information by USAG-H, Army Substance Abuse Program   
*(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 Humphryes High School (HHS)  
\_\_\_\_\_ for the purpose of conducting a background check for positive drug screens as a  
condition of employment or appointment as an Eighth Army SHARP representative. (working with children)  
\_\_\_\_\_

ASAP, USAG-Humphreys has my written permission to disclose the following information \_\_\_\_\_, namely,  
positive drug screens only  
*(extent or nature of information to be disclosed)*

**SECTION B - EXPIRATION/REVOCAION**  
*(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 <i>(Type or print)</i>	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 <i>(Type or print)</i>	DATE
SIGNATURE	



### Job Description / Duties for Volunteer Coaches

DoDEA-Pacific and \_\_\_\_\_ High School appreciate your interest in becoming a volunteer  
(name of high school)

coach of our high school \_\_\_\_\_ team. If you agree to the duties described and requirements  
(name of sport / team)

listed below, please sign and return to the school principal the Gratuitous Service Agreement.

(reverse side of this page)

Thank you for helping our students.

#### Qualifications:

- Possesses a working knowledge of all aspects of the sport

#### Personal:

- Demonstrates an interest in and an aptitude for performing the tasks listed.
- Conducts her/himself and the team in an ethical manner during practices and games.
- Always displays good sportsmanship, losing or winning. Adopts philosophy "Athletes First; Winning Second"
- Maintains poise and self-control at all times, especially at games
- Teaches the team to play fairly
- Is a good host to the visiting team, coach, and spectators
- ~~Permits officials to control the game, the teacher sponsor to control members of the team~~
- Respects officials' judgment and rules interpretation. If interpretation appeal is necessary, follows appropriate procedures
- Educates players on bench to fact it is unsportsmanlike to direct intimidating remarks or gestures toward officials, opponents, or fans.
- Promotes crowd to be polite, courteous, and fair to visiting team
- Publicly shakes hands with officials and opposing coach(es) before and after game, and has student-athletes follow similar procedures
- Does not smoke in presence of students. Does not drink alcohol during day before a home game, or any time while traveling with team departure time until after the team returns home.
- Reports immediately to a school administrator any inappropriate student conduct
- Supports and enforces all school policies, procedures, and regulations. Requests from a school administrator any possible new or changes/revisions to school policy.

#### Duties:

- Instructs the players concerning rules and rule changes, teaches technical and tactical skills, and innovative ideas and techniques that the coach knows/has learned.
- Emphasizes safety precautions and is aware of best training and injury procedures
- ~~Makes sure that building regulations are understood by the students and enforced~~
- Ensures team member are familiar with the care and maintenance of all facilities used
- Recommends to teacher sponsor about equipment that needs to be purchased or repaired

NOTE: teacher/sponsor is "Person in Charge of the Team," and is responsible for:

- ✓ attending all practices and games
- ✓ all student discipline and supervision of students on team
- ✓ ensuring that members of team are eligible according to DoDEA-Pacific policy
- ✓ arranging for use of facilities, for practice and home games
- ✓ scheduling practices
- ✓ informing parents of dates/times for practices and games
- ✓ publicity of games
- ✓ coordination of team as part of school Pep Assembly
- ✓ arranging for awards presentations/program for sport
- ✓ ensuring that uniforms and equipment are returned.

DoDEA-Pacific Job Description/Duties for Volunteer Coaches Agreement

I, \_\_\_\_\_ agree that I am performing gratuitously the duties of "volunteer coach"  
(name of volunteer)

at \_\_\_\_\_ high school.  
(name of school)

I waive claims for any compensation for my services in this capacity, in part or whole.

Upon signing this agreement, I will abide by all duties and requirements set forth in  
"DoDEA-Pacific Job Description / Duties for Volunteer Coaches."

I also understand the duties listed are not necessarily complete, and will ensure my role as a volunteer coach must include nothing less than the best of sportsmanship at all times, and being a role model for every student-athlete not only for the team I am assisting but also for all opposing teams.

\_\_\_\_\_  
High School Athletic Team

\_\_\_\_\_  
Volunteer Printed Name

Volunteer Signature \_\_\_\_\_ date: \_\_\_\_\_

United States Army Garrison Humphreys  
Army Community Service  
Army Volunteer Corps Coordinator

### Reference Check:

It is required by Department of Defense, Department of the Army, and Installation Management Command that all volunteers serving in positions involving children have a Background Check completed. As of July 2013, part of this process requires a minimum of two Character Reference Checks be completed and maintained as part of the volunteer's file. ACS and USAG Agencies are also required to complete these reference checks for volunteers with favorable background checks completed prior to July 2013 (no waiver or grandfather period authorized).

Request the following information to assist the Agency's Organization Point of Contact (OPOC) to complete the required reference checks:

#### VOLUNTEER'S INFORMATION

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

#### REFERENCE 1:

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

#### REFERENCE 2:

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_