

DoDEA Operational Guidance for Volunteers

There are many volunteer opportunities for interested community members and/or parents to get involved with their students education through DoD-sanctioned programs.

Many volunteers are active duty military or former military members, retired DoD civilian or military personnel, or family members, with most having been vetted or approved to have a DoD Common Access Card. The majority of volunteers serve as sports coaches, instructors, or mentors while being supported and, at times, in LOSS of other parents or staff during practices and programs.

There are two types of volunteers: specified and non-specified.

Specified volunteer These are individuals who donate their time in a position involving extensive, frequent, or recurring unsupervised interaction with a student or students under the age of 18 (e.g., coach, long-term instructors, overnight activities with children or youth, etc.) and designated by the DoD Component head. The entire Volunteer Packet will need to be completed to become a specified volunteer.

Non-specified volunteer has infrequent contact or interactions in a controlled and limited duration activity between adults and minors, such as participating in one-time activities or events. Such contacts are not subject to background checks, but adults' presence at such activities or events must be under LOSS at all times. For example, individuals designated as non-specified volunteers, such as field trip chaperones with monitored access and limited duration (e.g., 3 to 5 hours), would fall in this category. The Installation Records Check and the DD Form 2793 will need to be completed to become a Non-specified volunteer, please remember this is for infrequent interactions and one time activities.

All volunteers must sign a volunteer agreement, DD Form 2793

Specified school volunteers shall complete the "Basic Criminal History and Statement of Admission", DD Form 2981 and must undergo the following background checks:

- Advanced FBI fingerprint report obtained through SF87 Fingerprint cards (dated December 2017)
- DoDEA Criminal History Background Release and Consent Statement
- Installation Background Check

Background checks for Foreign Nationals and Third World Nationals are completed based on NATO/Host Country agreements.

Specified volunteers must sign and annually certify the DD 2981, that they have not been arrested, charged or convicted by Federal, State, or local authorities for any violation of any Federal law, Military law, State law, County or Municipal law or met the Family Advocacy criteria for child maltreatment in the past year for any crimes or offenses enumerated in Block 6 of DD Form 2981. They must report immediately to their respective component designee subsequent automatic disqualification criteria.

Volunteer records shall be retained for 3 years following the termination of volunteer service by the organization.

Specified volunteer packets will be submitted via the Volunteer SharePoint site by the CLCS Volunteer Coordinator, Karen Carbone and results will be shared with the School Level Coordinator.

Enclosures:

Volunteer Agreement Form (DD 2793)
Basic Criminal History and Statement of Admission (DD 2981)
DoDEA Criminal History Background Release/Consent Statement
Installation Background Check

References:

DoD Instruction 1402.05, "Background Checks on Individuals in DoD Child Care Services Programs," September 11, 2015, as amended

DoD Instruction 1100.21, "Voluntary Services in the Department of Defense," December 26, 2002, as amended

DoD Manual 1402.05, "Background Checks on Individuals in DoD Child Development and Youth Programs,"

Title 42 United States Code

Definitions:

DoD-sanctioned programs are any program, facility, or service that is operated by the DoD, a Military department or Service, or any agency, unit, or subdivision thereof. Examples include, but are not limited to, child development centers, family child care programs, DoD Education Activity schools, and recreation and youth programs. These do not include programs operated by other State or federal government agencies or private organizations, or community-based programs.

Regular contact with children is defined as reasonably expected recurring and ongoing contact or access between an adult and a minor under the age of 18 in the performance of the adult's duties on a DoD installation, program, or as part of a DoD-sanctioned activity. Activities and events with repeated scheduled interactions would constitute regular contact. For example, individuals designated as athletic team coaches or performing arts instructors would fall under this definition.

IRC includes police (base and/or military police, security office, criminal investigators, or local law enforcement) local files checks, Drug and Alcohol Program, Medical Treatment Facility for Family Advocacy Program Service Central Registry records, and any other record checks as appropriate to the extent permitted by law. An individual who has a prior or current association, relationship, or involvement with the DoD, or any elements of the DoD, including living, working, or visiting a DoD installation and is anticipated to have regular contact with children must be subjected to an IRC.

Background Check Screening Questions

1. Are the children or youth engaged in a DoD-sanctioned program? <u>DoD-sanctioned programs.</u> Any program, facility, or service that is operated by the DoD, a Military department or Service, or any agency, unit, or subdivision thereof.		
a. YES	Continue with Q2.	
b. NO	Requirement outside of DoD jurisdiction. State regulation applies.	
2. Is it expected that the program provider in question will have regular contact or controlled and limited duration contact with minors?		
a. Regular contact ➤ Continue with Q3	Extensive, frequent, or recurring unsupervised interaction with a student or students under the age of 18 (e.g., coach, long-term instructors, a chaperone with other cleared employees during overnight activities with children or youth, etc.)	FBI fingerprint, DD 2981 and IRC required
b. Controlled and limited duration contact ➤ Continue with Q3	Infrequent or incidental contact with minors, or interacting in a controlled and limited duration activity, such as participating in one-time activities or events as a chaperone with other cleared employees.	LOSS required
3. Is it anticipated that the controlled and limited duration contact will occur with other adults or parents present or under LOSS?		
a. YES	Activity permissible without background checks.	
b. NO	Not permissible without background checks.	

FOR OFFICIAL USE ONLY

VOLUNTEER AGREEMENT FOR APPROPRIATED FUND ACTIVITIES or NONAPPROPRIATED INSTRUMENTALITIES INSTRUCTIONS FOR COMPLETING DD FORM 2793

DD Form 2793, Volunteer Agreement for Appropriated Fund Activities and Nonappropriated Fund Instrumentalities, is available online at, <http://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2793.pdf>. A Volunteer Agreement must be completed and signed by both Volunteer (or Parent/Guardian of volunteer under the legal age of majority) and Government Accepting Official (Installation Volunteer Coordinator or similar) before volunteer begins voluntary service. The accepting official will furnish the volunteer a copy of DD Form 2793, and retain the original in accordance with DoD Instruction (DODI) 1100.21, Voluntary Services in the DoD and the Military Departments' Records Disposition Issuances.

VOLUNTEER AGREEMENT FOR APPROPRIATED FUND ACTIVITIES or NONAPPROPRIATED INSTRUMENTALITIES. To be completed by Government official applicable to the volunteer's assignment.

PART I - GENERAL INFORMATION (to be completed by Volunteer or Parent/Guardian as specified)

1. NAME OF VOLUNTEER. (Last, First, Middle Initial)
2. NAME OF PARENT/GUARDIAN. (If volunteer is under legal age of majority) (Last, First, Middle Initial) Parent/guardian signature is required only if volunteer is under the legal age of majority.
3. VOLUNTEER IS: AGE 18 OR OVER OR UNDER AGE 18. Check applicable box to indicate whether volunteer is an adult or minor child (under the legal age of majority).
4. TELEPHONE NUMBER. (Include Area Code) List number where volunteer prefers to be contacted.
5. E-MAIL ADDRESS. List address where volunteer prefers to be contacted.

PART II - VOLUNTEER ASSIGNMENT (to be completed by Accepting Official)

6. INSTALLATION/COMPONENT ACTIVITY. List the installation/component activity where voluntary service will be performed or that assumes primary responsibility for the volunteer program.
7. ORGANIZATION or UNIT WHERE SERVICE OCCURS.
8. PROGRAM WHERE SERVICE OCCURS. List organization or unit program or location where voluntary services will be performed.
9. ANTICIPATED DAYS OF WEEK. List anticipated day(s) volunteer will be donating services.
10. ANTICIPATED HOURS. List anticipated times or number of volunteer hours to be provided per specified time period.
11. DESCRIPTION OF VOLUNTEER SERVICES. Briefly describe assigned voluntary service duties.

PART III - VOLUNTEER CERTIFICATION

12. CERTIFICATION. Certification must be signed and dated by both Volunteer and Government Official accepting volunteers providing voluntary services. Accepting Official must check either Appropriated Fund Activity or Non-appropriated Fund Instrumentality at the top of DD Form 2793.
 - a. SIGNATURE OF VOLUNTEER.
 - b. SIGNATURE OF PARENT/GUARDIAN. (If Volunteer is under legal age of majority).
 - c. DATE SIGNED (YYYYMMDD). List date signed by Volunteer.
13. NAME OF ACCEPTING OFFICIAL.
 - a. (Last, First, Middle Initial).
 - b. SIGNATURE. Signature of Accepting Official.
 - c. DATE SIGNED (YYYYMMDD). List date signed by Accepting Official.

PART IV - 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. This may apply to volunteers designated as Special Government Employees. Consult Ethics Counselor for details.
 - d. HOURS. Total number of voluntary service hours donated.
15. SERVICE END DATE (YYYYMMDD). Volunteer Supervisor lists final day of voluntary service.
16. VOLUNTEER SIGNATURE.
 - a. Volunteer's signature verifies voluntary service time donated.
 - b. PARENT/GUARDIAN SIGNATURE. (If Volunteer is under legal age of majority).
17. NAME OF SUPERVISOR.
 - a. (Last, First, Middle Initial) of Volunteer Supervisor.
 - b. SUPERVISOR SIGNATURE. Signature of Volunteer Supervisor or Accepting Official verifies total amount of voluntary service time donated.
 - c. DATE SIGNED (YYYYMMDD). Date signed by Volunteer Supervisor or Accepting Official.

FOR OFFICIAL USE ONLY
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 DoD 1100.21, Voluntary Services in the Department of Defense.
PRINCIPAL PURPOSE(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://dpcid.defense.gov/Privacy/SORN/Index/DoD-wide-SORN-Article-View/Article/570084/a0608b-cfsc>); (2) NMD1754-2, DON Family Support Program Volunteers (at <http://dpcid.defense.gov/Privacy/SORN/Index/DoD-wide-SORN-Article-View/Article/570427/nm01754-2/>); and (3) F036 AFDPC, Family Services Volunteer and Request Record (at <http://dpcid.defense.gov/Privacy/SORN/Index/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
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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)
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13.a. NAME OF ACCEPTING OFFICIAL (Last, First, Middle Initial)	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)
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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)
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BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION
 (Department of Defense Child and Youth (C&Y) Programs)

OMB No. 0704-0510
 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 22304-3100 (0704-0310). 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 6080.2, 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://hpclo.defense.gov/privacy/SORNs/component/army/A0608-10_CFCSC.html
 Navy: <http://hpclo.defense.gov/privacy/SORNs/component/navy/NM01754-3.html>
 Air Force: http://hpclo.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://hpclo.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.

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

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

8. 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.

a. INITIAL CERTIFICATION (1) Signature	(2) Date (YYYYMMDD)
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b. 2nd YEAR (X as above) <input type="checkbox"/> Yes <input type="checkbox"/> No	(1) Signature	(2) Date (YYYYMMDD)	c. 3rd YEAR (X as above) <input type="checkbox"/> Yes <input type="checkbox"/> No	(1) Signature	(2) Date (YYYYMMDD)
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d. 4th YEAR (X as above) <input type="checkbox"/> Yes <input type="checkbox"/> No	(1) Signature	(2) Date (YYYYMMDD)	e. 5th YEAR (X as above) <input type="checkbox"/> Yes <input type="checkbox"/> No	(1) Signature	(2) Date (YYYYMMDD)
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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 18th 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. 1-8 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.



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



**CRIMINAL HISTORY BACKGROUND CHECK FOR INDIVIDUALS IN CHILDCARE SERVICES POSITIONS
RELEASE/CONSENT STATEMENT**

AUTHORITY: 42 USC 1341 AND 10 USC 3013

PRINCIPAL PURPOSE: To comply with Public Law 101-647, Section 231, Crime Control Act of 1990, and DODI 1402.05, Criminal History Background Checks on Individuals in Child Care Services Positions.

DISCLOSURE: Mandatory. Failure to disclose this information precludes consideration of an applicant for employment in the Department of Defense Education Activity.

EMPLOYEE STATEMENT: I understand that the employer, DoDEA, is obligated to require a records check as a condition of employment in accordance with PL 101.647, that I have a right to obtain a copy of the report provided to the employer and a right to challenge the accuracy and completeness of any information in the report. I have been advised that my being hired/retained will be based upon successful completion of the background checks.

Please mark the appropriate box regarding your affiliation with the Department of Defense (DoD) as defined below.

I have a prior Department of Defense Affiliation

I do not have a prior Department of Defense Affiliation

DoD affiliation. A prior or current association, relationship, or involvement with the DoD or any elements of the DoD, including living, working or visiting a DoD installation.

The following are the addresses and/or DoD installations in which I have resided for the past 5 years. Please list full addresses and/or installations, to include city, state, and/or country if not in the US. Please list full addresses.

From:	<input type="text"/>	To:	<input type="text"/>	Address:	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	Address:	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	Address:	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	Address:	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	Address:	<input type="text"/>

Additional Residences:

Full Legal Name: Other Names Used:

Full SSN:

I hereby authorize DoDEA Security Management Division to obtain the information for the purpose of conducting the required checks.

Signature of Applicant/Employee:

Date:



Department of Defense
Education Activity

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
Mid-Atlantic District
Camp Lejeune Community Schools
855 Stone Street
Camp Lejeune, North Carolina 28547-2520

MEMORANDUM FOR PROVOST MARSHAL (ATTN: ADMINISTRATIVE BRANCH),
MCB CAMP LEJEUNE

Subj: REQUEST FOR INSTALLATION BACKGROUND CHECK

Ref: BO 5370.4F

Pursuant to the reference, a background check utilizing locally held and locally available records or, if appropriate, records held at a previous command, is requested in the case of

(PRINT NAME CLEARLY) _____,

FULL SSN _____

Phone: _____

Current Address: _____

Military Affiliation: (Active Duty) (Dependent) or Other**: _____

** If not directly affiliated with the installation, a Police Records Check will be required at your expense. You must have individual access to the installation.

The applicant's duties () will (X) will not include operating a motor vehicle.

This background check will be performed in accordance with DoDEA Administrative Instruction, 4700.3, "Application and Background Checks for DoDEA School Volunteers and Student Teachers".

I am aware of the provisions of the Privacy Act 1974 at Title 5 CCS Code Section 552 and the personal nature of the information requested above. I hereby authorize the release of this information directly to the Community Superintendent, Camp Lejeune Community Schools or designee.

I understand that this Installation Background Check must encompass two consecutive years' affiliation/assignment with a military installation.

I have been assigned to Camp Lejeune since _____. If less than 2 years, prior assignment was at _____ from _____ to _____.

Applicant's Signature: _____ Date: _____

From: Provost Marshal Office

To: Community Superintendent, DoDEA Americas, Mid-Atlantic District, Camp Lejeune

1. The requested background revealed the following information:

E3. ENCLOSURE 3**VOLUNTEER AND STUDENT TEACHER BACKGROUND CHECK PROCEDURES**

In accordance with DoD Instruction 1402.5, (reference (a)) a background check is required for all Specified School Volunteer applicants and student teachers. This includes any volunteer applicant or student teacher who is an active-duty military member, unemployed family members, or civilian Federal employee with record of a background investigation and/or security clearance on file, or an individual with a background check conducted by another organization (e.g., Civil Air Patrol, Boy Scouts of America, etc.).

E3.1. Initial Record Search. The first step in the application process is for the school to check (via E-mail) with the DoDEA HQ Personnel Security Program Manager to inquire if a potential Specified School Volunteer or student teacher has either a current favorable background check or unfavorable background check on file. If no information is on file, the school shall proceed with the application for an Installation Record Check (IRC) or Special Agreement Check (SAC), as appropriate.

E3.2. Student Teacher Background Check. In accordance with the established student teaching agreement between DoDEA and universities/colleges, the university/college agrees that appropriate state or Federal agency criminal/background checks must be initiated or completed prior to final student teacher placement.

E3.3. Current Location Installation Records Check (IRC). If the potential Specified School Volunteer or student teacher has resided in a local military community for at least the past 2 years before the date of application, an IRC shall be conducted at the current military installation. Review of the completed IRC for a Specified School Volunteer shall be conducted by the principal. Review of the completed IRC for a student teacher shall be conducted by the Area Director's Office. If a favorable determination is made, enclosure 5 will be completed and retained at the school with a copy forwarded to the district superintendent's office and DoDEA HQ Personnel Security Program Manager. If an unfavorable determination is made, enclosure 5 will be completed, to include copies of record checks that constitute the reasoning for unfavorable determination. A copy of the unfavorable determination, with attachments, will be forwarded to the DoDEA HQ Personnel Security Program Manager.