



DEPARTMENT OF DEFENSE  
EDUCATION ACTIVITY  
YOKOTA HIGH SCHOOL  
Unit 5072 APO AP 96328-5072



## VOLUNTEER PROCESSING INSTRUCTIONS

### DODEA SPECIFIED VOLUNTEERS

DODEA Specified Volunteers (Long Term) 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.)

### SPECIFIED VOLUNTEER REQUIREMENTS:

- ❖ All specified volunteers should have electronic fingerprint completed. Please call 225-8332 to schedule an appointment. The office is located in Bldg. 316, Room 229. The codes for electronic fingerprint are: **SOI: DD94; SON: DD94; IPAC: 97008890.**
- ❖ DD2793 – Volunteer Agreement Form
- ❖ DD2981 – Basic Criminal History Form
- ❖ Records Check Consent Form (Criminal History Background Check for Individuals in Childcare Services Positions Release/Consent Statement)

### ANNUAL SELF REPORTING:

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.
- ❖ Met the Family Advocacy criteria for child maltreatment in the past year for any crimes or offenses.

**\*\*Specified volunteers must report immediately to their respective component designee subsequent automatic disqualification criteria.**



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## VOLUNTEER CONTACT INFO

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

SOCIAL SECURITY NUMBER: **(Needed to access fingerprints):**

\_\_\_\_\_

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

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

SPORTS/EVENTS VOLUNTEERING FOR: \_\_\_\_\_

Thank you for volunteering your time to Yokota  
High School! We appreciate you.

## How to fill out DD2793 Volunteer Packet

All volunteers for appropriated fund activities shall sign the appropriate part DD Form 2793, "Volunteer Agreement for Appropriated Activities Fund Instrumentalities." The acceptance of volunteer services shall be acknowledged on this document before an individual is allowed to provide volunteer services. A copy of the signed volunteer agreement should be given to the volunteer prior to commencing volunteer services.

VOLUNTEER AGREEMENT FOR X APPROPRIATED FUND ACTIVITIES (Requires an X mark)

### PART I - GENERAL INFORMATION

1. TYPED NAME OF VOLUNTEER (Last, First, Middle Initial)
2. YEAR OF BIRTH
3. INSTALLATION (Provide Military Installation Name)
4. ORGANIZATION/UNIT WHERE SERVICE OCCURS (DODEA and name of the school)
5. PROGRAM WHERE SERVICE OCCURS (DODEA and name of the school)
6. ANTICIPATED DAYS OF WEEK – (VARIES)
7. ANTICIPATED HOURS- (VARIES)
8. DESCRIPTION OF VOLUNTEER SERVICES - (FILL IN YOUR POSITION AND JOB DESCRIPTION)

### PART II - VOLUNTEER IN APPROPRIATED FUND ACTIVITIES

9. 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 (YYYYMMDD)

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

b. SIGNATURE

c. DATE SIGNED (YYYYMMDD)

**The DD Form 2793, Volunteer Agreement. The DD Form 2793 must be signed by an "Accepting Official" who is responsible for supervising the work of that volunteer. The "Accepting Official" cannot be another volunteer or contract employee.**

**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 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://dpclid.defense.gov/Privacy/SORNSIndex/DoD-wide-SORN-Article-View/Article/570084/a0608b-cfsc/>); (2) NM01754-2, DON Family Support Program Volunteers (at <http://dpclid.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://dpclid.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
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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)
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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 Care Services Programs)**

OMB No. 0704-0516  
 OMB approval expires:  
 September 30, 2021

The public reporting burden for this collection of information, OMB Control Number 0704-0516, 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 the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. 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.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Executive Order 10450 and/or 34 U.S. Code § 20351; DoD Instruction 1402.05, Criminal History Background Checks on Individuals in Child Care Services Programs; DoD Manual 1402.05, Background Checks on Individuals in Department of Defense Child Development and Youth Programs.

**PRINCIPAL PURPOSE(S):** To require individuals who come into regular, reoccurring contact with children under the age of 18 years to self-report any arrests, charges or convictions that would keep the individual from obtaining or maintaining a favorable suitability or fitness determination. Programs impacted are referenced within the 34 U.S. Code § 20351 and include impacted individuals such as employees, DoD contractors, family child care providers, adults residing in a family child care home, volunteers, and others with regular reoccurring contact with children. Individuals who work or volunteer in DoD Child Development and Youth Programs must annually self-report changes to his or her status utilizing this form. All individuals required to complete this form must immediately self-report to their employer/supervisor if they are arrested, charged, convicted, or met criteria for any offense listed on the form. When completed, records are covered by one of the appropriate SORNs:

Army: <http://dpclid.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570012/a0215-fmwr.aspx>

Navy: <http://dpclid.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570428/nm01754-3.aspx>

Air Force: <http://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569755/f034-af-sva-cl>

**ROUTINE USES:** This form will be initiated by DoD staff and will be maintained in the initiating DoD offices and/or appropriate Human Resources or Security Offices. Information received as a result of this release may be used to assess interim/on-going or final suitability or fitness for DoD personnel working with children. ONLY DoD Child Development and Youth programs are required to update and sign annually. A copy of the form is maintained in the staff member's personnel file. The DoD "Blanket Routine Uses" found at <http://dpclid.defense.gov/Privacy/SORNsIndex/Blanket-Routine-Uses/> 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/fitness.

1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements.)		2. OTHER NAME(S) USED	
3. DATE OF BIRTH (MM/DD/YYYY)	4. INSTALLATION/PROGRAM NAME	5. DATE OF HIRE	

6. Have you 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? (Do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.) (X one) Mark Yes or No for each category. If you answered "Yes," explain your answer in the space provided below or on the back of the form in block 9.

CHILD ABUSE/ NEGLECT:	<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			

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

7. I certify that the information provided above is accurate. I understand that I must immediately report to my employer/supervisor or Child and Youth Program representative if I am arrested, charged, convicted, or met criteria for any offense referenced in block 6.

a. SIGNATURE	b. DATE (YYYYMMDD)
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8. ANNUAL CERTIFICATIONS (Required by Child Development and Youth Program Staff and Volunteers)  
 In the past year, have you been arrested, apprehended, 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.

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

a. 2nd YEAR (Yes or No)	(1) SIGNATURE	(2) DATE (YYYYMMDD)	b. 3rd YEAR (Yes or No)	(1) SIGNATURE	(2) DATE (YYYYMMDD)
c. 4th YEAR (Yes or No)	(1) SIGNATURE	(2) DATE (YYYYMMDD)	d. 5th YEAR (Yes or No)	(1) SIGNATURE	(2) DATE (YYYYMMDD)

**Failure to provide information may result in an unfavorable adjudication decision.**

**BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION**  
**(Department of Defense Child Care Services Programs)**

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

10. 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. 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, or affiliation with DoD Child Care Services Programs. 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.

**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 (YYYYMMDD)

## INSTRUCTIONS

This Department of Defense Form is to be completed by prospective employees, volunteers, DoD Contractors, FCC providers, and adults residing in the home upon application for any position within a Department of Defense Child Care Services Programs. The form will be utilized for initial certification that said individual has not been arrested, charged, or convicted by Federal, State, or other Local 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 Local 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. Employees and volunteers of DoD Child Development and Youth Programs must update this form on an annual basis.

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 date of birth in YYYYMMDD format.
4. Provide the installation or DoD program where you seek employment or to volunteer; if operating a FCC program, or residing in a FCC home, provide the location of the FCC home.
5. Provide the date of hire.
6. Place an X in the appropriate box if you have or have not been convicted by Federal, State, or local authorities for any violation of any Federal law, Military law, State law, County or Municipal law, Regulation or Ordinance, or met the Family Advocacy criteria for child maltreatment? *(Do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.)*

If you answered "Yes," explain your answer in the space provided below.

If additional space is needed, use block 9.

7. *Sign and Date.*
8. On an annual basis, circle the appropriate response indicating if you have been arrested, apprehended, charged, or convicted by Federal, State, or local authorities for any violation of any Federal, Military, State or local Authorities or met the Family Advocacy criteria for child maltreatment. Applies to employees and volunteers of DoD Child Development and Youth Programs.
9. Use this space for additional comments, if needed, for Blocks 6 and 8.
10. Sign and date.



**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.

**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.

I have a prior Department of Defense Affiliation

I do **not** have a prior Department of Defense Affiliation

The following are the addresses and/or DoD installations in which I have resided for the past 10 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"/>	Installation	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	Address	<input type="text"/>	Installation	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	Address	<input type="text"/>	Installation	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	Address	<input type="text"/>	Installation	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	Address	<input type="text"/>	Installation	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	Address	<input type="text"/>	Installation	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	Address	<input type="text"/>	Installation	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	Address	<input type="text"/>	Installation	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	Address	<input type="text"/>	Installation	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	Address	<input type="text"/>	Installation	<input type="text"/>

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