



**DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS
 FELTWELL ELEMENTARY SCHOOL
 CCSE/F UNIT 5185, BOX 315 APO AE 09461-5315**

**MEMORANDUM FOR : 48 MDOS/SGOH
 FROM: DODDS
 SUBJECT: BACKGROUND CHECK**

1. The individual listed below has been selected to work with children under the age of 18 years.
2. Request screening of applicant's records for incidents, which would create doubt regarding the applicant's suitability for employment. In accordance with the Military Child Care Act of 1989, applicant's with a history of substantiated child abuse or neglect **ARE NOT** permitted to be employed in a position working with minors. Conditions that will bear on the applicant's suitability includes, but are not limited to, any abusive behavior, alcohol or drug abuse, mental or emotional condition, or is undergoing any treatment that in the opinion of your agency may cause a defect in judgment or reliability of the safety and well being of children.

3. Applicant: _____ Sponsor: _____
 SSN: _____ SSN: _____
 Home Phone: _____ Duty Phone: _____
 Sponsor's Squadron: _____

4. **RAF Lakenheath**, Liberty Center Building 977, Pass & ID section, open Monday, Tuesday and Wednesday from 0730-1600; Thursday 0930-1600 and Friday 0730-1500.

RAF Mildenhall, Building 438 2nd Floor, Room 201, Pass & ID section, Monday-Friday from 0800-1630.

Miles J. Shea
 Principal, Feltwell Elementary School

Attachment:
 Acknowledgement of Rights and Consent to Release Records

Agency Response: _____

Family Advocacy and Central Registry: Information **has/has not** been found.

Signature: _____ Date: _____

Printed Name/Title: _____ Information found: _____

Security Forces: Information **has/has not** been found.

Signature: _____ Date: _____

Printed Name/Title: _____ Date: _____

Rotation Date: _____

Email Address: _____

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 DoDBA and DoD Privacy Act Systems Notices, and by government-wide systems notices which may be found at http://www.defenselink.mil/privacy/notices/osd/</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>	
<p>Instruction: Provide complete information. Only completed applications can be considered.</p>	
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:
<p>List the school (s) where you are applying as a volunteer:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	
<p>Check all services for which you are interested in volunteering:</p>	
<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)	
<p>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.</p>	

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 _____	

REQUEST FOR PERSONNEL SECURITY ACTION

*AUTHORITY: 10 U.S.C. 8012; 44 U.S.C. 3101; and EO 9397.
 PRINCIPAL PURPOSES: To identify investigation, security clearance, unescorted entry requirements, and special access program authorizations.
 ROUTINE USES: To request personnel security investigations, record emergency or limited access authorization, entry to restricted areas, and to record special access program authorizations. SSN is used for positive identification of the individual and records.
 DISCLOSURE IS VOLUNTARY: Failure to inform and SSN could result in assignment to less sensitive duties.*

I. IDENTIFYING INFORMATION

1. NAME (Last, First, Middle, Maiden)		2. ORGANIZATION OR FIRM SPONSOR	
3. GRADE	4. SSN	5. CITIZENSHIP	
		<input type="checkbox"/> US CITIZEN	<input type="checkbox"/> IMMIGRANT ALIE <input type="checkbox"/> NON-US NATIONAL
6. DATE OF BIRTH	7. PLACE OF BIRTH (City, State, and Country)		

II. INVESTIGATION, CLEARANCE, ELIGIBILITY, ENTRY AND ACCESS REQUIREMENTS

8. INVESTIGATION REQUIREMENT		9. CLEARANCE, ENTRY OR ACCESS REQUIREMENT	
<input type="checkbox"/> NATIONAL AGENCY CHECK (NAC)	<input type="checkbox"/>	<input type="checkbox"/> ONE-TIME ACCESS	<input type="checkbox"/> LIMITED ACCESS
<input type="checkbox"/> NATIONAL AGENCY CHECK-WRITTEN INQUIRIES (NACI)	<input type="checkbox"/>	<input type="checkbox"/> INTERIM CLEARANCE	<input type="checkbox"/> SPECIAL ACCESS
<input type="checkbox"/> BACKGROUND INVESTIGATION (BI)	<input type="checkbox"/>	<input type="checkbox"/> FINAL CLEARANCE	<input type="checkbox"/> UNESCORTED ENTRY
<input type="checkbox"/> SPECIAL BACKGROUND INVESTIGATION (SBI)	<input type="checkbox"/>	<input type="checkbox"/> TOP SECRET	<input type="checkbox"/> PRIORITY
<input type="checkbox"/> BI PERIODIC REINVESTIGATION (PR)	<input type="checkbox"/>	<input type="checkbox"/> SECRET	<input type="checkbox"/> PRIORITY B
<input type="checkbox"/> SBI PERIODIC REINVESTIGATION (PR)	<input type="checkbox"/>	<input type="checkbox"/> CONFIDENTIAL	<input type="checkbox"/> PRIORITY C

III. LOCAL FILES CHECK

10. TO:		11. FROM:	
12. DATE	13. TYPED NAME, GRADE AND TITLE OF REQUESTER	14. SIGNATURE	
	Miles J. Shea		

IV. MEDICAL RECORDS CHECK

15. I CERTIFY a medical records check required by DOD 5200.2R/AFR 205-32, has been completed and no information exists, unless shown in Section VII, which would preclude the granting of a security clearance, unescorted entry to restricted areas, or access to special program classified information.

16. DATE	17. TYPED NAME AND GRADE OF BASE DIRECTOR, MEDICAL SERVICES	18. SIGNATURE

V. SECURITY POLICE RECORDS CHECK

19. I CERTIFY a security police records check required by AFR 205-32, has been completed and no information exists, unless shown in Section VII, which would preclude the granting of a security clearance, unescorted entry to restricted areas, or access to special program classified information.

20. DATE	21. TYPED NAME AND GRADE OF SECURITY POLICE OFFICIAL	22. SIGNATURE

VI. ACCESS AUTHORIZATION

<input type="checkbox"/> ONE-TIME ACCESS	<input type="checkbox"/> LIMITED ACCESS	<input type="checkbox"/> CNWDI	<input type="checkbox"/> NATO	SIOP-ESI	
				<input type="checkbox"/> CONTINUING	<input type="checkbox"/> ONE-TIME

23. I CERTIFY the named individual requires access to the above special program(s), meets all investigative and clearance requirements, and has been briefed on program responsibilities as outlined in the governing directive. If applicable, emergency or limited access is necessary and will not endanger the national security.

24. DATE	25. TYPED NAME, GRADE AND TITLE OF APPROVING AUTHORITY	26. SIGNATURE
27. DATE	28. TYPED NAME, GRADE AND TITLE OF SPECIAL ACCESS PROGRAM CERTIFYING OFFICIAL	29. SIGNATURE

VII. REMARKS

30. (If more space is needed, use reverse and show item number being continued)

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>

E5. ENCLOSURE 5

RECORD OF FINAL DETERMINATION

Based on review of the background check noted below, a favorable/unfavorable (circle one) determination has been made on the following individual for a Specified School Volunteer/Student Teacher (circle one) position:

Name: _____

SSN: _____

Type of Background Check: _____

Date of Background Check: _____

Principal Date _____

School

Attachment(s):

ACKNOWLEDGMENT OF RIGHTS
AND
CONSENT TO RELEASE RECORDS

AUTHORITY: 42 U.S.C. 13041 AND 10 U.S.C. 8013

PRINCIPAL PURPOSE: To comply with Public Law 101-647, Section 231, and DoDI 1402.5, Criminal History Background Checks on Individuals in Child Care Services.

DISCLOSURE: MANDATORY in the case of an applicant for employment in a position involved with children under the age of 18, refusal to sign this form shall result in the employer's refusal to consider the application for employment. In the case of an incumbent of a position involved with children under the age of 18, refusal to sign this form shall result in removal from such position.

EMPLOYEE ACKNOWLEDGMENT:

1. I have been advised and understand that the United States Air Force, as a Federal employer, has an obligation to require a record check as a condition of my employment in a position involved with children under the age of 18. I have been further advised that I have a right to obtain a copy of any criminal history report made available to such employer or potential employer and to challenge the accuracy and completeness of any information included in such report.
2. I understand that the record check will include the following:
 - a. A State Criminal History Repository Check in the state where I currently reside and in states where I have formally resided;
 - b. An Installation Records Check at all installations I have identified as residences during the preceding two years. This records check will include, as a minimum, inquiries of the Security Police, Medical Treatment Facility, the Family Housing Office, the Social Actions Office, and the Family Advocacy Office; and
 - c. A National Agency Check with Inquiries, including a Federal Bureau of Investigation fingerprint check.
3. I hereby authorize any federal, state, or local agency to release any record relating to me which is necessary to complete the record checks described above.

Signature

Date

Printed Name

Social Security Number