

BACKGROUND CHECK REQUEST

MEMORANDUM FOR: Garrison Provost Marshall Office, and Social Work Services/Army Family Advocacy Center Registry, Ft. _____

SUBJECT: Local Agency Check for individuals volunteering in Chapel programs

1. PRIVACY ACT STATEMENT:

AUTHORITY: 10 USC 3013, Executive Order 9397

PURPOSE: To give permission for agencies to provide necessary clearance by examination of records.

ROUTINE USES: Signed consent forms will be used to screen military police files, social work files, and the Army Family Advocacy Central Registry in order to complete background clearance procedures.

DISCLOSURES: Giving your permission for information is voluntary. Failure to provide requested information will result in individual's not being allowed to be alone with minors.

2. Request a local agency check to determine the suitability of the following named individual to serve as a volunteer in Chapel programs within USAG _____.

PLEASE PRINT CLEARLY

NAME: _____ SSN: _____
(LAST, First, Middle)

(LOCAL NATIONALS: If no SSN, submit a Polizeiliches Fuhrunszeugnis from the German police or equivalent document from local authorities).

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
(Spell out the month) (Include country, if not US)

ADDRESS: _____ PHONE: _____

E-MAIL ADDRESS (if available): _____

SPONSOR NAME/RANK: _____ SPONSOR SSN: _____

CHAPEL PROGRAM(S) WHERE SERVICE OCCURS: _____

3. I HAVE READ AND UNDERSTAND THE PRIVACY ACT STATEMENT AND GIVE MY PERMISSION FOR THE LOCAL AGENCIES LISTED ABOVE TO CONDUCT A CHECK OF MY RECORDS TO DETERMINE MY SUITABILITY AS A VOLUNTEER FOR CHAPELS WITHIN USAG _____. I UNDERSTAND THAT I MUST SUBMIT ONE RELEASE WITH ORIGINAL SIGNATURE FOR EACH AGENCY (2 copies total).

APPLICANT'S SIGNATURE: _____ DATE: _____

FRONT AND BACK INFORMATION MUST BE ON ONE SHEET OF PAPER

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