

## DIRECTIONS FOR COMPLETING THE FKCS

### VOLUNTEER PACKET

The process for becoming a Fort Knox Community Schools Volunteer consists of

- a. completing the forms found on this link,
- b. receiving a favorable criminal background clearance (CBC) and
- c. registering with the Volunteer Information Management System (VMIS).

Your completed packet must include the following forms:

1. **Army Volunteer Corp Program Background Clearance Form**
2. **DoDEA Volunteer Form**
3. **CID Background Clearance Form**
4. **DD Form 2793 (instructions below)**
5. **Confidentiality Agreement**
6. **For Active-Duty applicants only: DA Form 5018-R**

#### **General Guidelines:**

1. Forms are fill-able and can be completed online. Except for electronic signatures, all signing must be completed in ink.
2. Note that the CID Name Check Request Form MUST be typed except for the signature line. Forms completed in ink will not be submitted.
3. Include Social Security Number where required. A CBC cannot be completed without this information. Your personal information is secured per Federal Law and DoD instruction.

#### **Special Instructions for DD Form 2793 – Volunteer Agreement:**

- a. Complete Part I, items 1-8.
- b. If you are volunteering for a PTO-sponsored activity, you should complete Part III for Non-appropriated Fund Instrumentalities.
- c. If your volunteer work is not connected to the school's PTO, you should complete Part II for Appropriated Fund Instrumentalities.
- d. You can complete both sections II and III if necessary.

**DA Form 5018-R:** Note that this form is submitted **only** if you are active duty military, retired military, or a veteran. Spouses, children and other dependents do not submit this form for volunteer purposes.

**One** note about the Army Volunteer Corps Request Form – You are required to circle your applicant status on this page. Please circle the correct category as you sign the documents. **If you are a civilian working on the post, please notate such when you circle “Civilian.”**

**Do not turn your packet into your school office.** Once your packet is complete, bring it to the Executive Services office, Room 14, in Crittenberger Central Offices, Bldg 4553. Crittenberger is located next door to the Patton Museum at 281 Fayette Avenue. Room 14 is located at the end of the EAST Hallway (Chaffee Ave. side).

If you have specific questions about the forms or the process, you can contact us at [fkcsvolunteer@am.dodea.edu](mailto:fkcsvolunteer@am.dodea.edu) or call 502-624-2345, ext. 4116. Once your clearance results are received, you will be contacted by telephone or email. **A volunteer clearance is good for two years, at which time a new clearance must be completed.**

**\*\*Volunteers who are participating in a one-day event such as a classroom party, field day or one-day field trip can complete a single volunteer request form found in your child’s school office. Ask someone at the front desk for the form. Once completed, turn it in to your school office instead of Crittenberger Central Office. (Overnight field trips require the full process with all forms and favorable CBC.)**

**Registering with VMIS: VMIS is an online system that allows you to record your hours of volunteer service. It’s critical that all post volunteers are registered and hours entered on a monthly basis. Recorded hours are “money in the bank” for the Fort Knox community, but hours not recorded cannot be counted. Registering with VMIS is a requirement from the post’s Army Volunteer Corp Program. Directions for registration will be given to you when you turn in your completed application packet.**

**ONE LAST NOTE:** Every school volunteer must be registered and have a background check performed. There are no exceptions. This is both a Ft. Knox and DoDEA policy. Student and adult safety are our first priority.

**ARMY VOLUNTEER CORPS PROGRAM  
BACKGROUND CLEARANCE FORM**

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**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** 10 USC 3013 and E.O. 9397 (SSN).

**PURPOSE:** Information is used by DA personnel to identify potential installation volunteers and the services to be provided.

**ROUTINE USE:** Provide household information, background, and references.

**DISCLOSURE:** Voluntary; however, if information is not provided, individuals desiring to participate in installation programs will be denied the opportunity to do so. No information will be disclosed outside of DOD.

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**PURPOSE:** A background clearance will be performed for all installation volunteers requesting to work with children at Fort Knox, Kentucky.

1. Individual listed below has applied for authorization to be a volunteer with \_\_\_\_\_  
\_\_\_\_\_ (specify organization). Request a local background check be conducted within 10 days (see Privacy Act Statement above).

APPLICANT'S NAME: \_\_\_\_\_  
(include maiden name, if applicable)

APPLICANT STATUS (circle status ): ACTIVE DUTY RETIREE VETERAN DEPENDENT CIVILIAN

SOC SEC NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_(MMDDYY)

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

2. The above information is required to gain necessary background clearance for volunteering with children on the installation. I authorize release of the above information to the appropriate investigating authorities.

3. I consent \_\_\_\_\_ do not consent \_\_\_\_\_ to contacting my place of employment to obtain background information, i.e. attendance history, disciplinary actions, employee assistance referrals.

4. The individual listed, be advised that your signature on this document grants permission for a background check/local records check to be conducted by the following agencies:

**Army Family Advocacy/Army Central Registry  
Provost Marshal  
Criminal Investigation Division  
Army Substance Abuse Program (submit Background Check Form to this office ONLY if applicant is an Active Duty Soldier, Retiree, or Veteran)**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Volunteer Organizations/Agencies are responsible for processing Volunteer Background Checks. Volunteer Background Check forms must be returned to the appropriate volunteer organization upon completion (please see item #1 on Background Check Form for organization/agency information). Contact the Army Volunteer Corps Program Manager for additional information if needed, (502) 624-6779/6291.**

**FOR BACKGROUND AGENCY USE ONLY**

A background check on the above listed individual has been conducted with the following results:

- ( ) NO DEROGATORY INFORMATION ON FILE  
( ) BACKGROUND CHECK REVEALS DEROGATORY INFORMATION

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Signature (person checking background)

Name of Agency

Date

E2. ENCLOSURE 2SCHOOL VOLUNTEER APPLICATION

<b>SCHOOL VOLUNTEER APPLICATION</b>	
<b>PRIVACY ACT STATEMENT</b>	
<p><b>AUTHORITY:</b> 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><b>PRINCIPAL PURPOSE:</b> To obtain information to determine applicant suitability for acceptance as a DoDEA volunteer.</p> <p><b>ROUTINE USE:</b> 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 DoDEA and DoD Privacy Act Systems Notices, and by government-wide systems notices which may be found at <a href="http://www.defenselink.mil/privacy/notices/osd/">http://www.defenselink.mil/privacy/notices/osd/</a>.</p> <p><b>DISCLOSURE:</b> <u>VOLUNTARY</u>. Failure to disclose the information may delay or render an individual unable to participate in the volunteer program</p>	
Instruction: Provide complete information. Only completed applications can be considered.	
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:
List the school (s) where you are applying as a volunteer:	
1. _____	
2. _____	
3. _____	
Check all services for which you are interested in volunteering:	
<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)	
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.	

DoDEA Form 4700.3-F1, May 2006

E2. ENCLOSURE 2SCHOOL VOLUNTEER APPLICATION

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 _____	

DoDEA Form 4700.3-F1, (Back) May 2006

**CID NAME CHECK REQUEST FORM  
PRIVACY ACT STATEMENT**

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 295-1; E.O. 9397 dated November 22, 1943 (SSN).

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.

ROUTINE USE: Your social security number is used as an addition/alternate means of identification to facilitate filing and retrieval.

DISCLOSURE: Disclosure of your social security number is voluntary.

**FORM MUST BE TYPED**

FROM: DDESS KY Schools  
Crittenberger Central Office  
Ft. Knox, KY.

Requesting Date: \_\_\_\_\_

PHONE 502.624.2345

TO: 280<sup>th</sup> MP DET (CID) – (CIRC-CFK)  
3d MP Group, USACIDC  
Building 1467, 3<sup>rd</sup> Avenue

Request a name check through Crime Records Center on the following individual:

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_

**FULL MIDDLE NAME:** \_\_\_\_\_ **MAIDEN NAME:** \_\_\_\_\_

**ALIAS (Nick Names/Other Names Used):** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**DATE OF BIRTH:** (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

**PLACE OF BIRTH:** City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

**REASON with Army Regulation justification:** Army Regulation 608-1, Chapter 1, Section 5-9 (F) of the Army Community Service Center Manual

**APPLICANT:** If signing for someone other than self, please provide a copy of Power of Attorney.

\_\_\_\_\_  
Requesting Official's Signature

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Typed Name

**502.624.2345, Administrative Support Spc.**  
Phone Number & Typed Title

CIRC-CFC (195-2b6)

Date Results Received \_\_\_\_\_

\_\_\_\_\_ No Derogatory Information Found by Criminal Records Center

\_\_\_\_\_ Derogatory Information Found and has been made available for review

\_\_\_\_\_  
Signature of CID Representative

**VOLUNTEER AGREEMENT FOR**

**APPROPRIATED FUND ACTIVITIES**

**NONAPPROPRIATED FUND INSTRUMENTALITIES**

**PART I - GENERAL INFORMATION**

1. TYPED NAME OF VOLUNTEER <i>(Last, First, Middle Initial)</i>		2. YEAR OF BIRTH
3. INSTALLATION	4. ORGANIZATION/UNIT WHERE SERVICE OCCURS	
5. PROGRAM WHERE SERVICE OCCURS	6. ANTICIPATED DAYS OF WEEK	7. ANTICIPATED HOURS
8. DESCRIPTION OF VOLUNTEER SERVICES		

**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 <i>(Last, First, Middle Initial)</i>	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

**PART III - VOLUNTEER IN NONAPPROPRIATED FUND INSTRUMENTALITIES**

**11. 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 (YYYYMMDD)
12.a. TYPED NAME OF ACCEPTING OFFICIAL <i>(Last, First, Middle Initial)</i>	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

**PART IV - TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR**

13. AMOUNT OF VOLUNTEER TIME DONATED				14. SIGNATURE	15. TERMINATION DATE <i>(YYYYMMDD)</i>
a. YEARS <i>(2,087 hours=1 year)</i>	b. WEEKS	c. DAYS	d. HOURS		
16.a. TYPED NAME OF SUPERVISOR <i>(Last, First, Middle Initial)</i>				b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)



DDESS KENTUCKY SCHOOLS  
CRITTENBERGER CENTRAL STAFF OFFICES  
BUILDING 4553  
281 FAYETTE AVENUE  
FORT KNOX, KENTUCKY 40121-6201

Office of the Superintendent  
502.624.2345, Ext. 4116

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## Statement of Confidentiality

The DDESS Kentucky Schools support local universities/colleges and volunteer organizations by providing opportunities for future teachers and volunteers to experience DoDEA's unique and excellent educational system. As part of this experience, you may have access to private information about students and their families. The students and their family expect, and are guaranteed by law, that the information will be kept confidential, and **made available only to personnel authorized to view or DISCUSS it.**

As a prospective teacher, volunteer and visiting member of an educational team, you may have special relationships with different teachers (both regular and special ed.), administrators, support staff, parents, students, and other community members. The effectiveness of these relationships depends not only on the quality of work performed, but also on the professional and ethical behavior demonstrated. Some of these behaviors include:

- respecting human and legal rights of students, their families, and others they may work with
- maintaining strict confidentiality about all information connected with students and their families
- being a dependable and cooperative team member
- seeking information from various sources on how best to work with students

Your responsibility as a guest within the school system does not end when the school day is finished. For that reason it is critical that you understand and take seriously your role as a highly ethical and confidential team player representing many parts of the environment that students will function in daily.

When considering your role in the school community you should remember to:

- discuss school problems and confidential matters with only appropriate personnel
- refrain from engaging in discriminatory practices based on a student's disability, race, sex, cultural background and religion
- respect the dignity, privacy and individuality of all students, their families and staff members
- present themselves as positive adult role models

I agree to adhere to this Statement of Confidentiality.

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Signature

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Date



**ADAPCP CLIENT'S CONSENT STATEMENT FOR RELEASE OF TREATMENT INFORMATION**

For use of this form, see AR 600-85; the proponent agency is DCSPER.

**SECTION A - CONSENT**

I, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_,   
*(client's full name)*  
do hereby voluntarily consent to the release of the following information by \_\_\_\_\_   
*(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 \_\_\_\_\_  
\_\_\_\_\_ for the purpose of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ namely,  
\_\_\_\_\_  
*(extent or nature of information to be disclosed)*  
\_\_\_\_\_

**SECTION B - EXPIRATION/REVOCATION**

*(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	