

VOLUNTEERS & CHAPERONES AT EHS

We, at Edgren High School, recognize and acknowledge the contributions of volunteers in our programs. They deserve our genuine gratitude for their efforts in assisting our programs and our young people. Without their help, many of our programs would flounder. Realizing that this important work involves very serious responsibilities, consider the following:

1. No profanity or vulgarity should be used during any practice, game or anywhere during your tenure as a volunteer.
2. Avoid fraternizing with participants; you are an adult and they are children. You are a coach (teacher), and they are students. You should not have "friends" on the activity.
3. Do not belittle a participant in front of his/her peers.
4. Do not discuss activity "business" with community members. Use the "what-happens-here-stays-here" approach.
5. Report any misconduct to the DoDDS representative, he/she is the only person authorized to make decisions involving participants.
6. Since the coach/sponsor is the DoDDS representative, he/she bears legal liability for what occurs; and he/she will make all final decisions involving all aspects of the activity.
7. Familiarize yourself with the student handbook, especially the rules governing conduct.
8. Familiarize yourself with the coach's/sponsor's rules and guidelines, and be willing to abide by them.
9. Let the coach/sponsor know in advance when you cannot attend practices/games.
10. Activity sponsors may release responsibilities to you as they see fit.
11. Do not under any circumstance confront an official.
12. Discuss disagreements you may have with the other coach(s) in private, not in front of the activity members.
13. The coach/sponsor has the authority to dismiss you from your voluntary position if you fail to adhere to the policies.
14. Never suggest to a participant that he/she participate with an injury, let the hospital decide the issue. Always be on the side of safety.

PLEASE STRESS THE FOLLOWING:

1. Team concepts
2. Physical, mental, and emotional development of participants
3. Being a positive role model
4. Sportsmanship and positive court demeanor
5. Learning the game/activity
6. Physical conditioning, to meet the rigors of the sport/activity
7. Knowledge of proper field techniques or activity etiquette

OTHER REQUIREMENTS:

1. A letter from your NCOIC/Commander granting your release time for practices, games and activities.
2. Philosophical agreement with the goals of DoDDS/Edgren High School's co-curricular programs.
3. A willingness to commit a great deal of time to the activity. (Attached is the Personal Information Sheet)

VOLUNTEER: KEEP THIS PAGE

E2. ENCLOSURE 2

SCHOOL VOLUNTEER APPLICATION

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 552 of title 5 (Privacy Act) of the United States Code, and E.O 9397 (SSN) authorize the collection of this information.</p> <p>CIPAL 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 DoDEA and DoD Privacy Act Systems Notices, and by government-wide systems notices which may be found at http://www.defenselink.mil/urivac/1/notices/osd/.</p> <p>DISCLOSURE: VOLUNTARY. 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)	Email 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.	

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)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have experience as a school volunteer? Describe your past experiences.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been removed from a school volunteer position? Describe the circumstances.	<input type="checkbox"/>	<input type="checkbox"/>
4. Can you provide a character reference? Give the name and telephone number.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been asked to resign from a job because of, or been decertified for a sexual offense? Describe the circumstances.	<input type="checkbox"/>	<input type="checkbox"/>
Pre-Selection Agreement		
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.		
Certification that <u>My</u> Answers Are True		
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-FI, (Back) May 2006

CRIMINAL HISTORY BACKGROUND CHECK FOR INDIVIDUALS IN
VOLUNTEER SERVICES POSITIONS

RELEASE/CONSENT STATEMENT

AUTHORITY: 42 U.S.C. 1341 AND 10U.S.C. 8013

PRINCIPAL PURPOSE: To comply with public law 101-647, Section 231, Crime Control Act of 1990, and DODI 1402.5, Criminal History Background Checks on Individuals in Child Care Services 19 Jan 93.

DISCLOSURE: Mandatory. Failure to disclose this information precludes consideration for employment/volunteer with Department of Defense Dependents Schools (DoDDS).

EMPLOYEE STATEMENT:

I understand schools are obligated to require a background/records check as a condition of employment/volunteer work in DoDEA Schools, with children under the age of 18 years, in accordance with PL 101.647, that I have a right to obtain a copy of the report provided to the school and a right to challenge the accuracy and completeness of any information in the report. I have been advised my volunteer work will be based upon successful completion of the background/records check.

I hereby authorize Edgren High School to forward the information attached for the purpose of conducting background/records checks.

Print Name

Date

Signature

Date



DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS PACIFIC/
DOMESTIC DEPENDENT ELEMENTARY & SECONDARY SCHOOLS - GUAM
DIRECTOR'S OFFICE
UNIT 35007
APO AP 96376-5007
January 6, 2009

MEMORANDUM FOR 35TFW/SFS/SFAR

SUBJECT: Installation Record Check (IRC)

Ref: DODI 1402, Criminal History Background Checks on Individuals in Child Care Services.

We request a records review on the person named below who has applied for a Teaching or Educational Support position with the Department of Defense Dependents Schools. A statement from the applicant authorizing release of this information is attached.

- a. Applicant's Name _____
b. SSN: _____

If the records review reveals any derogatory information, please send the information in a sealed envelope to the DoDDS Pacific Personnel Center, ATTN: Japan District Representative, Unit 35007, APO AP 96376. For questions pertaining to this record check, please contact us at 644-5860.

Edward F. Bennis
Edward F. Bennis
Human Resources Specialist
DoDDS Pacific Personnel Center

Attachment:
Release/Consent Statement

FROM: 35TFW/SFS/SFAR

TO: DODDS Pacific Personnel Center, Attn: Japan District Representative

- a. _____ Background check is clear
b. _____ Background check reveals questionable information

Printed Name of Certifying Official: _____

Signature of Certifying Official: _____

Date: _____

B5. 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):