

Volunteer Coaching Application

PLEASE PRINT CLEARLY

Current Season Applying For: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Personal Info

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Mailing Address/City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Email \_\_\_\_\_

Military Affiliation:

Branch of Service (Circle one):

Civilian Air Force Army Navy Marines Retired Dep

Unit: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Coaching Position Requested?

(Circle one) Head Coach Assistant Coach

Age/Division: Circle one 5-6 7-8 9-10 11-12 13-15 16-18

1. Have you coached for Peterson AFB, Youth Center before? Yes/No

1a. Which Sport(s) \_\_\_\_\_

2. Which sport would you like to coach? (Circle One)

Cheer Basketball Soccer Baseball Flag Football Indoor Soccer

Do you have a coach with whom you would like to coach with? \_\_\_\_\_

Do you have a child playing in the age division that you are requesting to coach? Yes/No

Child's Name: \_\_\_\_\_

Please list two references not related to you:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email \_\_\_\_\_

Appendix C

**ACKNOWLEDGEMENT 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 employment applicant 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 ACKNOWLEDGEMENT:

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 which 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, at a minimum, a file check of Security Forces Management Information System (SFMS) which affords global background investigative data for all Air Force installations; Family Advocacy's Air Force Central Registry which includes all drug and alcohol program files, medical treatment facility files, mental health, and life skills files; Family Housing files; and any other record checks as appropriate to the extent permitted by law; and
- c. A National Agency Check with Inquiries, including a Federal Bureau of Investigation fingerprint check.
- d. A name check of the Dru Sjodin National Sex Offender Registry.

3. I hereby authorize any Federal, state, or local agency or office to release any record relating to me that is necessary to complete the record checks described above.

SIGNATURE: \_\_\_\_\_

TYPED OR PRINTED NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

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

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

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

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

**SPONSOR INFORMATION** *(For applicants that are dependents of active/retired military members):*

SIGNATURE: \_\_\_\_\_

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

DATE OF BIRTH: \_\_\_\_\_

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



**DEPARTMENT OF THE AIR FORCE  
21ST FORCE SUPPORT SQUADRON  
PETERSON AFB, COLORADO 80914**

MEMORANDUM FOR SECURITY FORCES/FAMILY ADVOCACY/ALCOHOL AND DRUG PREVENTION  
AND TREATMENT/AFOSI

FROM: 21 FSS/FSMH

SUBJECT: Installation Records Check

1. The individual listed below has applied for a volunteer, contract, family child care or paid position within Child and Youth Programs. In accordance with DoDI 1402.05 and AFI 34-144, the position is subject to a records review. An Installation Record Check (IRC) is required for individuals with DoD affiliation who work with children under 18 years of age. The IRC must include a records check with Security Forces (SFMIS)/Alcohol and Drug Prevention and Treatment (ADAPT)/Family Advocacy (Central Registry)/AFOSI (DCII & I2MS).

APPLICANT'S NAME:

APPLICANT'S SSN:

ADDRESS:

PHONE NUMBER:

PLACE OF BIRTH:

DATE OF BIRTH:

SPONSOR'S NAME:

SPONSOR'S SSN:

SPONSOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

2. Do your records indicate any reason why this individual should not perform duties involving children? If so, please provide details in the remarks section.

3. Because applicants must have a favorably completed IRC before they can be appointed to a position, the IRC must be processed as quickly as possible. Any delays in this process could have an adverse effect on Child and Youth Programs. If you have any questions, please do not hesitate to contact our office at 719-556-4818 or FAX 719-556-6228 or e-mail at [melanie.blevins@us.af.mil](mailto:melanie.blevins@us.af.mil). Thank you for your assistance.

MELANIE C. BLEVINS, NF-II  
21 FSS HUMAN RESOURCES ASSISTANT

Attachment

1<sup>st</sup> IND

**"EXPECT THE BEST - FSS"**

**FOR OFFICIAL USE ONLY**

The information herein is For Official Use Only (FOUO) which must be protected under the Freedom of Information Act of 1966 and Privacy Act of 1974, as amended. Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in criminal and/or civil penalties.

To: 21 FSS/FSMH

1. I certify a records check as required by DoDI 1402.05 and AFI 34-144 has been completed pertaining to the above named individual(s) has been completed and disclosed the following:

\_\_\_\_\_ No record of applicant      \_\_\_\_\_ Record on file

2. Information which may affect individual's suitability to work with children: \_\_\_\_\_

---

PRINTED NAME/OFF SYM/POSITION/CONTACT NUMBER

SIGNATURE/DATE

---

Revised March 2017