

Aviano Air Base Project Care Parent Co-op
Volunteer Registration Packet

Volunteer's Name: _____ Date: _____

PSC Address: _____

Phone Numbers: _____

Deros Date: _____ Town living in: _____

E-mail address: _____

Please List all children living with you

First and last Name

Birth date

Current Age

Please tell us how you learned about the Parent Co-op.

Photo Release

I authorize the release of any photographs taken of me and/or my children for use in publicity purposes by the program with no consideration of remuneration.

Yes _____

No _____

Please sign here _____ Date _____

Appendix B

NAF Application Continuation Form

1. Applicants for positions that require working with children under the age of 18 must complete the following:

A. Have you ever been arrested for or charged with a crime involving a child:

_____ YES _____ NO

B. If your answer is yes, provide a description of the disposition of the arrest or charge:

C. Have you ever been arrested for or charged with a crime involving drugs or alcohol?

_____ YES _____ NO

D. If your answer is yes, provide a description of the disposition of the arrest or charge:

E. This is to advise you that if you are accepted for employment, the Air Force is required to request a State Criminal History Repository Check as a condition of employment. You have a right to obtain a copy of the criminal history report and to challenge the accuracy of any information contained in the report.

2. You are signing this application under penalty of perjury. The penalty for perjury is a \$2,000 fine, or 5 years in jail, or both.

SIGNATURE

DATE

Appendix C

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 or office to release any record relating to me which is necessary to complete the record checks described above.

SIGNATURE: _____

TYPED OR PRINTED NAME: _____

DATE: _____

Aviano Air Base Project Care Parent Co-op Volunteer Reference Sheet

Potential Volunteers Name: _____

Please list people that have known you more than 6 months. If listing someone in the states, please provide email address instead of phone number. Thank you,

Reference #1: _____

Name

Number and E-mail

Reference #2: _____

Name

Number and E-mail

1: To your knowledge, is this person reliable?

#1

#2

2: Is this person usually on time for appointments?

#1

#2

3: Do you know of any reason why this person should not work with small children?

#1

#2

4: Does this person take initiative?

#1

#2

5: Does this person get along well with others?

#1

#2

6: What is your relationship to this person and how long have you known him/her?

#1

#2

Comments:

Verifier's Signature

Time

Date

Verifier's Signature

Time

Date

Interview Questions for Project Care Parent Co-Op

Volunteer's Name: _____

Date: _____

1. What interests you most about a volunteer position with us, and how does it fit into your goals for the future?
2. What kind of experience do you bring to the Co-Op?
3. What skills do you have that will contribute to a good team environment?
4. What experience do you have dealing with sensitive or confidential information?
5. Describe a situation that clearly demonstrates your ability to take initiative?
6. How do you deal with stress, and how do you work under pressure?
7. Is there anything else you'd like to add, or do you have any questions for me?

REQUEST FOR INSTALLATION RECORDS CHECK (IRC) Medical Treatment Facility Records

Name of Requesting Agency: Parent Co-Op/31 FSS/SVYY

POC at Requesting Agency: Lauren Johnson Duty Phone: 632-5630

1. It is AF policy that Non-Appropriated Fund (NAF) employees and all volunteers working with or near children under 18 years of age must have an IRC. The following individual is being considered for either employment or a volunteer position in a DoD-sanctioned activity:

APPLICANT NAME: _____

APPLICANT SSN: _____

APPLICANT DATE OF BIRTH: _____

PROSPECTIVE POSITION: Volunteer

NAME OF MILITARY SPONSOR: _____

SSN OF MILITARY SPONSOR: _____

CURRENT ADDRESS: _____

2. The Privacy Act protects the information in this letter. AF personnel (military or civilian) must conduct this IRC. Information contained herein should be protected as sensitive medical information.

3. The applicant and the applicant's sponsor acknowledge that both of the social security numbers provided above will be submitted for an AF Central Registry check to verify the applicant has no documented history of perpetrating child maltreatment.

_____/_____
Signature of Applicant (date) Signature of Sponsor (date)

4. **For Family Advocacy Program** - A Medical Facility Records Check of AHLTA, Mental Health Records and Family Advocacy Program Records, to include an AF Central Registry Check reveals:

- _____ No pertinent information exists
- _____ Information exists that requires review

Date Name & Position of FAP Official Signature

Physical for Project Care Parent Co-op

Volunteer name: _____

TO BE COMPLETED BEFORE EXAMINATION BY APPOINTING OFFICER

1. Purpose of examination: a. Preappointment ____ x ____ b. Other (*specify*) _____
2. Position Title: Project Care Parent Co-op Volunteer
3. Brief Description of what position requires volunteer to do:
Organize games, arts, and crafts projects, take children outdoors during fire drills, attends personal hygiene, cleans and sanitizes equipment and toys, as required, performs other related duties. Must be able to lift at least 40 pounds.
4. Underlined are the functional requirements and each environmental factors essential to the duties of this position. List any additional essential factors in the blank spaces. Also, if the position involves law enforcement, air traffic control, or fire fighting, attach the specific medical standards for the information of the examining physician:

A. FUNCTIONAL REQUIREMENTS

- | | |
|---|---|
| 1. Heavy lifting, 45 pounds and over | 17. Crawling (<u> </u> Hours) |
| 2. <u>Moderate lifting , 15 – 44 pounds</u> | 18. <u>Kneeling (1/4 Hours)</u> |
| 3. <u>Light lifting under 15 pounds</u> | 19. <u>Repeated bending (<u> </u> Hours)</u> |
| 4. Heavy carrying, 45 Pounds and over | 20. Climbing, legs only (<u> </u> Hours) |
| 5. <u>Moderate carrying 15 – 44 pounds</u> | 21. Climbing, us of legs and arms |
| 6. <u>Light carrying under 15 pounds</u> | 22. <u>Both legs required</u> |
| 7. straight pulling (<u> </u> Hours) | 23. Operation of crane, truck, motor vehicle |
| 8. Pulling hand over hand (<u> </u> Hours) | 24. Rapid mental and muscular coordination |
| 9. Pushing (<u> </u> Hours) | 25. Near vision correctable at 13" to 16" to Jaeger 1 to 4 |
| 10. <u>Reaching above shoulder</u> | 26. Near vision correctable at 20/20 and 20/40 in the other |
| 11. <u>Use of fingers</u> | 27. Far vision correctable to 20/50 and 20/100 the other |
| 12. <u>Both hands required</u> | 28. Specific visual requirement (<i>Specify</i>) _____ |
| 13. <u>Walking (1-3 Hours)</u> | 29. <u>Both eyes required</u> |
| 14. <u>Standing (1-3 Hours)</u> | 30. Depth perception |
| 15. Ability to distinguish shades of colors | 31. Ability to distinguish basic colors |
| 16. Specific hearing requirements (<i>specify</i>) | 32. <u>Hearing (<i>aid permitted</i>)</u> |
| 33. <u>Other (<i>specify</i>): Mental and Emotional Stability</u> | |

B. ENVIRONMENTAL REQUIREMENTS

- | | |
|-----------------------------------|--|
| 1. Outside | 14. Electrical energy |
| 2. <u>Outside and inside</u> | 15. Slippery or uneven walking surfaces |
| 3. Excessive heat or cold | 16. Working around moving objects or vehicles |
| 4. Excessive humidity | 17. Working on ladders or scaffolding |
| 5. Excessive dampness or chilling | 18. Working below ground |
| 6. Dry atmospheric conditions | 19. Unusual fatigue factors (<i>specify</i>) |
| 7. <u>Constant noise</u> | 20. <u>Working with hands in water</u> |
| 8. Dust | 21. Explosives |
| 9. Silica asbestos, etc. | 22. Vibration |
| 10. Fumes, smoke or gases | 23. <u>Working closely with others</u> |
| 11. Solvents | 24. <u>Working alone</u> |
| 12. Grease and oils | 25. Protracted or irregular hours of work |
| 13. Radiant energy | 26. Other (<i>specify</i>) |
| 14. Electrical energy | |

TO BE COMPLETED BY EXAMINING PHYSICIAN

- | | |
|--|-------------------------------------|
| 1. EXAMINING PHYSICIANS NAME (Type or print) | 2. SIGNATURE OF EXAMINING PHYSICIAN |
| 3. ADDRESS: | 4. DATE: |

This form was recreated using the standard form 78-110

- Physicians make any comments or notes on the back of this form if necessary.



DEPARTMENT OF THE AIR FORCE
31st Fighter Wing (USAFE)

MEMORANDUM FOR 31 SFS/SFAI
31 CES/CEH
AFOSI/Det 531

FROM: 31 FSS/SVYY

SUBJECT: Installation Records Check (IRC) for Child Care Volunteers

1. The individual named below has applied for a volunteer position of trust in the Parent Co-Op. DoDI 1402.5, AFMAN 34-310 and 34-804 require an IRC for the preceding two years be conducted with favorable results before appointing the applicant.
2. Request your office review all available files to determine whether information regarding the applicant's suitability for employment exists. The IRC should cover at a minimum, all police files (base/military police, security offices, or criminal investigations or local law enforcement agencies). Drug and Alcohol Program files, Family Housing files, Medical Treatment Facility for Family Advocacy files (including Service Central Registry records and mental health records) and any other organization's files as appropriate to the extent permitted by law.
3. This information is sensitive in nature and is protected by the Privacy Act. Please ensure that the results of your review are properly safeguarded in a sealed envelope addressed to our office. We have attached a copy of the applicant's Consent to Release Records and the following information to assist you in your review.

Applicant's Name: _____

SSAN: _____

Date of Birth: _____

Position: Volunteer

Address: PSC 103 Box _____ APO, AE 09603

Sponsor: _____

Sponsor's SSAN: _____

4. If further information is needed, please contact our office at DSN 632-5630.

Lauren Johnson
Coordinator, Parent Co-Op