Volunteer Application Packet
Dear Volunteer Applicant,

Thank you for your consideration to volunteer time, talent, and efforts to ensure the success of the Nevada National Guard Child and Youth Program. We appreciate your desire to work with our Children and Youth. Without the help of volunteers like you, the programs, trainings, and services provided for our Children and Youth would not be possible. The impact of volunteerism within the National Guard is felt locally, statewide, and at the national level.

Currently, there are over 3,000 Service Members serving in the Nevada National Guard. The number of dependent Children and Youth of these Service Members is over 3,000 as well. Based on the numbers alone, the involvement of volunteers in the program is crucial for the success and availability of child and youth programming to all Nevada National Guard children and youth.

The following pages of this guide will provide you with a better understanding of what volunteering looks like with the Nevada National Guard Child and Youth Program. It will also provide you with the forms needed in order to apply for consideration in volunteer opportunities. Working with children and youth can be a very rewarding experience. You have now taken the first step toward positively impacting the lives of our Nevada National Guard children and youth.

Please read through the following information carefully, then complete and submit all required documents to the Child & Youth Program Coordinator in your local area. The safety of our Service Members’ children is our number one priority. Please be patient and understanding through the process. We want to take every measure to ensure that our volunteers who work with children have been screened thoroughly and properly. Should you have any questions about the information in this guide please contact Delana Cardenas at 702-632-0511.

On behalf of the 3,000+ Nevada National Guard children and their families, I thank you for your commitment, generosity, and support of the Nevada National Guard Child and Youth Program.

Sincerely,

Delana Cardenas, CTR
Lead Child and Youth Program Coordinator
6490 Range Road
Las Vegas, NV 89165
702-632-0511
702-235-8803
Delana.j.cardenas.ctr@mail.mil

Jeremy Murphy, CTR
Child and Youth Program Coordinator
685 E Plumb Lane
Reno, NV 89502
775-384-5805
775-291-7853
Jeremy.p.murphy8.mil@mail.mil
Nevada National Guard Child and Youth Program
VOLUNTEER PROGRAM

Position Objective
To assist the Nevada National Guard Child & Youth Program Lead and Coordinator (LCYPC/CYPC) in the delivery of child and youth related trainings, events, and activities, as well as, to ensure youth program policies are enforced (i.e. Youth Code of Conduct).

Major Responsibilities/Description of Duties
1. To assist the LCYPC/CYPC in facilitating youth activities, leadership forums, camps etc.
2. To promote and coordinate youth opportunities, as needed. To include, but not limited to, Yellow Ribbon events, Youth Council, Program Development, Trainer, Administrative Support, Event Coordinator.
3. To promote a safe environment for all youth, teen and volunteers.
4. To enforce behavior expectations for students as outlined in the Youth Code of Conduct.
5. To maintain communication with LCYPC/CYPC regarding concerns, disruptive behaviors, injuries and/or unforeseen changes to previous agendas or planning.
6. To serve as a facilitator during small and large group trainings/activities.
7. Other duties as assigned by the LCYPC/CYPC.
8. To complete After Action Reports (AARs) following each event.

Supervision
1. The Child and Youth Program Coordinators will serve as the supervisor of all Nevada National Guard Youth Program volunteers.
2. The Nevada State Family Program Director possesses direct responsibility of the Nevada National Guard Child and Youth Program.

Time Required
We know your time is limited and precious and, therefore, we appreciate any time and assistance you are able and willing to provide for us. Please keep in mind, we rely on you and trust you to be present at the events/programs you sign up to attend. If there are extenuating circumstances which prohibit you from attending, please notify LCYPC or CYPC as soon as possible in order to have time to fill that vacancy.

In order to help us facilitate our program more efficiency, we ask that all the time you volunteer with the Nevada National Guard Child and Youth Program be recorded into JSS, www.jointservicessupport.org, and a copy turned into the LCYPC/CYPC. There is also a standard time reporting sheet included in this packet. You can either make copies of it or ask the LCYPC/CYPC for more copies.
Volunteer Forms Checklist

Please complete and return the following to the LCYP/CYPC

- Forms Checklist
- Applicant Information
- Your Experience
- Volunteer Requirements
- Child and Youth Programs Background Screening
- NCIC Waiver Form
- Volunteer Service Record, DA Form 4162, May 1999 or AF 2805
- Volunteer Agreement, DD2793 (annually)
- Volunteer Code of Ethics
- Volunteer Code of Conduct with Child & Youth Dress Code
- NVNG CYP Children & Youth Behavior Expectations
- Confidentiality Statement and Photo Release Form
- Release from Volunteer Service

Upon completion of your application, please submit all forms to the Nevada National Guard Lead Child and Youth Program Coordinator for review. You will be contacted for volunteer opportunities as the need arises.
## Applicant Information

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<th>Mailing Address:</th>
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<th>Birthday:</th>
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<th>Service Member(Yes or No):</th>
<th>Branch:</th>
<th>Unit:</th>
<th>Retired (Yes or No):</th>
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<th>Service Member in Family:</th>
<th>Branch:</th>
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### How do you see yourself?

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<tr>
<th>What kind of volunteer work would you like to do?</th>
<th>What kind of volunteer work would you like to avoid?</th>
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<tr>
<th>What are your strengths and skills?</th>
<th>What are your weaknesses?</th>
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Revised June 2013
## Your Experience

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<th>Volunteer experience:</th>
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<th>Experience with Children:</th>
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<th>Relation to the Military, Military Experience, or personal views of the Military:</th>
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Volunteer Requirements

Volunteers WILL:
1. have the desire to work with and understand Nevada National Guard Children and Youth,
2. be willing to work as a TEAM,
3. have strong communication skills and the ability to think on your feet,
4. represent the NVNG responsibly and professionally at all times,
5. adhere to and enforce behavior expectations, as stated in the Code of Conduct,
6. abide by the Confidentiality Agreement/Code of Conduct/Code of Ethics,
7. be supportive and empathetic of the Nevada National Guard community (Service members, youth, teens and family members),
8. serve in an official capacity,
9. document and track all volunteer hours and activities into JSS, www.jointservicessupport.org, 
10. complete required State and Federal Background checks (at no cost to volunteer).

National Guard Volunteer Regulations

In accordance with DoDI 1402.5, 19 Jan 93, Volunteers who work within the Child and Youth Program’s activities and events are hereby designated as Specified Volunteers.

1. To avoid any violation of the Joint Ethics Regulation, a volunteer for a Private Organization cannot simultaneously serve as a statutory volunteer for National Guard Family Programs.
2. Volunteers will be supervised to the same extent as compensated employees who are providing similar services.
3. Volunteers will attend training provided by Family Programs which apply to the position assigned.
4. Volunteers are NOT authorized to be placed or serve in a policy-making position
5. Volunteers are NOT authorized to expend or commit Government funds
6. Volunteers are NOT authorized to conduct fundraising activities outside of the immediate unit area where they are providing volunteer service.
7. Volunteers are NOT authorized to solicit any donations.
8. Upon approval, volunteers may be placed on an Individual Travel Orders (ITO) when acting in a capacity that is related directly to, or in conjunction with, a position description. Family Programs will only issue ITOs if the travel is for State-level purposes such as training conducted by State Family Programs, otherwise the unit is responsible for issuing the ITO.
9. Volunteers are considered to be employees of the Government only when acting within the scope of the services accepted, therefore can be entitled to damage or losses for loss of property, personal injury, or death.

__________________________________  ________________
Signature of Volunteer                        Date
**Child and Youth Programs Background Screening**

**Privacy Act Statement**

**Authority:** Pub. L. No. 101-647, Section 231, Pub. L. No. 102-150, Section 1094, and DoI instruction 1402.5, are the authorities for soliciting this information during this interview.

**Purpose:** SSN is used for positive identification and will assist in determining the acceptability of an individual for assignments in Child and Youth Programs.

**Routine Uses:** Any information developed may be disclosed to Federal, state, or local authorities involved in processing your nomination; those conducting the background check; and those determining your suitability for participation in Child and Youth related activities.

**Disclosure:** Disclosure is voluntary, however, failure to provide the requested information may result in a determination that you are unqualified for a position.

<table>
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<tr>
<th>Name</th>
<th>Social Security Number</th>
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**Current Street Address:**

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<th>City</th>
<th>State</th>
<th>Zip</th>
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<tr>
<th>Date of Birth</th>
<th>Place of Birth</th>
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**Status:** (Check one) □ Military Member □ Full-time Civilian □ Volunteer □ Other __________

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<tr>
<th>Have you ever been arrested for or charged with a crime involving a child?</th>
<th>Yes</th>
<th>No</th>
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<tr>
<th>Have you ever been asked to resign because of or been decertified for a sexual offense?</th>
<th>Yes</th>
<th>No</th>
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If the answer is yes to the above questions, please provide explanation or information:

I certify and I acknowledge that:

- Before the completion of a background check while children are in my care of that I must be within sight and under the supervision of a staff person whose background check has been successfully completed.

- My statements on this form, and any attachments to it, are true, complete, 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 can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

- I understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes of determining suitability for child programs and that it may be redisclosed by the Government only as authorized by law.

**Authorization for Release of Information**

- I authorize the Provost Marshal, personnel security representatives, or any other designated individual of the National Guard and Department of Defense to request criminal record information about me from criminal justice agencies for the purpose of determining my suitability for assignments or duties with Child and Youth Programs.

- I authorize custodians of records and sources of information pertaining to me to release such information upon request of the authorized individual above regardless of any previous agreement to the contrary.

- This authorization is valid for any jurisdiction in the United States or territories.

- Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the National Guard, whichever is sooner.

**Signature:**

**Date:**

For official use only when filled in.
NCIC Waiver Form

PERSONAL IDENTIFICATION INFORMATION:

Name: ________________________________
(LAST) (FIRST) (MIDDLE)

Any Other Name Used: ________________________________
(LAST) (FIRST) (MIDDLE)

Date of Birth: __________ Social Security Number: __________ Sex: __________

Race: ______ Height: ______ Weight: __________ Hair Color: ______ Eye Color: ______

Driver’s License Number: __________________ State of Issue: ______ Expiration Date: __________

AUTHORIZATION FOR RELEASE OF INFORMATION

In consideration for processing a request through the Defense Security Services, I, the undersigned, whose name and personal identification information voluntarily appears above, do hereby and irrevocably agree to the following:

1. I hereby authorize the Defense Security Services, its Records Division, and any other agency of criminal justice, to search for and release criminal history record information to the requestor named below. In giving this authorization, I expressly understand that the information may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agencies. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable. Further, I understand that the information may include similar information obtained from other local, state and federal criminal justice agencies and may include information pertaining to convicted person data, outstanding arrest warrants, missing persons, court stalking/restraining orders and orders for protection against domestic violence.

2. In giving the above authorization, I understand that all information provided to the requestor is confidential, as relating to a third party beyond that of the requestor, appropriate agencies of the State of Nevada Military Department, its officer(s), agent(s) and/or employees and of criminal justice agencies in the performance of their official duties, and may not be further disseminated without my expressed written permission or an order from a court of law having jurisdiction.

3. I understand that I may review and challenge the accuracy of any and all criminal history records which are returned to the requestor, and that the proper forms and procedures will be furnished to me by the Defense Security Services upon request.

4. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada Military Department, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the requestor for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada Military Department on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

Requestor: Provost Marshal’s Office
Nevada National Guard
2460 Fairview Drive
Carson City, Nevada 89701

Applicant’s Signature: ________________________________

Address: __________________________________________

__________________________________________________

Date: ________________________________
# VOLUNTEER SERVICE RECORD

For use of this form, see AR 608-1; the proponent agency is OACSIM.

### PRIVACY ACT STATEMENT

**AUTHORITY:** 5 USC Section 301, Department Regulations; 10 USC Section 3013, Secretary of the Army; and Army Regulation 608-1, Army Community Service Center.

**PRINCIPAL PURPOSE:** To record essential background information on volunteers to assist in determining qualifications and task assignments. To maintain record of positions held, hours volunteered, training and awards received.

**ROUTINE USES:** None. The "Blanket Routine Uses" set forth at the beginning of the Army's Compilations of System of Records Notices apply to this system.

**DISCLOSURE:** Voluntary. However, failure to provide the requested information may exclude you from participating in the Army Community Service Volunteer Program.

**INSTRUCTIONS:** Upon resignation, retirement or transfer, the original of this record will be furnished for the personal file of the volunteer and a duplicate will be maintained at the organization for at least three years. In case of transfer, a duplicate record will be furnished to the gaining organization upon request of the volunteer.

1. **NAME OF VOLUNTEER** *(Last, First, MI)*
2. **HOME ADDRESS** *(Street, City, State and ZIP Code)*
3. **EMAIL ADDRESS**
4. **TELEPHONE NUMBERS**
   a. **HOME**
   b. **WORK**
   c. **FAX**
5. **SEX**
   - [ ] MALE
   - [ ] FEMALE
6. **DATE OF BIRTH** *(YYYYMMDD)*
7a. **SPONSOR NAME**
7b. **SPONSOR UNIT ADDRESS**

8. Mark all the demographic data that applies to the volunteer. Family members of service members should indicate the branch of service and status of the sponsor.
   - [ ] SERVICE MEMBER
   - [ ] CIVILIAN EMPLOYEE *(APF and NAF)*
   - [ ] ADULT FAMILY MEMBER
   - [ ] YOUTH FAMILY MEMBER *(Under age 18 and unmarried)*
   - [ ] CIVILIAN *(Not connected with the military)*
   - [ ] ARMY
   - [ ] AIR FORCE
   - [ ] NAVY
   - [ ] MARINE
   - [ ] OFFICER
   - [ ] ENLISTED
   - [ ] ACTIVE DUTY
   - [ ] RETIRED
   - [ ] RESERVE
   - [ ] NATIONAL GUARD
   - [ ] DECEASED

9. **CHILDREN AT HOME**
   - [ ] NONE
   - [ ] PRESCHOOL
   - [ ] IN SCHOOL
10. **INITIAL COMMITMENT**
    - [ ] ONE DAY EVENT
    - [ ] ONE MONTH EVENT
    - [ ] THREE MONTHS
11. **EDUCATION**
    - [ ] HIGH SCHOOL
    - [ ] COLLEGE
    - [ ] ADVANCED DEGREE
    - [ ] SIX MONTHS
    - [ ] NINE MONTHS
    - [ ] OTHER
12. **WORK EXPERIENCE**

13. **VOLUNTEER EXPERIENCE**
14. SPECIAL SKILLS, INTEREST, HOBBIES


15. POSITIONS HELD

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<th>START DATE (YYYYMMDD)</th>
<th>TYPE OF POSITION</th>
<th>END DATE (YYYYMMDD)</th>
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16. AWARDS AND SPECIAL RECOGNITION

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<th>TYPE OF AWARD/SPECIAL RECOGNITION</th>
<th>PRESENTED AT</th>
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17. TRAINING

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<tr>
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<th>TYPE OF TRAINING</th>
<th>HOURS COMPLETED</th>
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18. VOLUNTEER ANNUAL HOUR RECORD

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<th>HOURS</th>
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19a. SIGNATURE

19b. DATE (YYYYMMDD)
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<th>NAME (Last, First, Middle Initial)</th>
<th>PHONE</th>
<th>DATE</th>
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<tbody>
<tr>
<td>STREET ADDRESS</td>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>PSC Box APO AE 09603</td>
<td></td>
<td></td>
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<tr>
<td>STATUS (Please check)</td>
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<tr>
<td>ACTIVE DUTY SPouse FAMILY MEMBER RETIRED DOD CIVILIAN CIVILIAN</td>
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<tr>
<td>SPONSOR'S DATA E1-E4 E5-E6 E7-E9 01-03 04-06 07-10</td>
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<td>OTHER FAMILY MEMBERS NAME(s) (Last, First, Middle Initial) AGES</td>
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<td>HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12</td>
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<td>COLLEGE DEGREES SPECIAL TRAINING SPECIAL SKILLS (Counseling, denial, etc)</td>
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<tr>
<td>INTEREST, HOBBIES EMAIL ADDRESS: WOULD YOU LIKE TO BE CONTACTED BY A&amp;FRC STAFF? YES / NO</td>
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<td>LANGUAGES SPEAK WRITE</td>
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<td>WORK EXPERIENCE (Last job first) (Continue on reverse if necessary) DEROS:</td>
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<td>NOTE 1: THOSE VOLUNTEERS UNDER 18 MUST RECEIVE &quot;PARENTAL PERMISSION&quot;; ASK FOR ADDITIONAL FORM</td>
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<td>OTHER VOLUNTEER EXPERIENCE PLACE WHERE YOU WOULD LIKE TO VOLUNTEER:</td>
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<tr>
<td>FAMILY SUPPORT CENTER RECORD</td>
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<td>I FEEL I WOULD BE OF VALUE TO THE FAMILY SUPPORT CENTER OTHER AGENCY IN THE FOLLOWING AREAS</td>
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<td>I AM AVAILABLE TO WORK FOR FSC STAFF USE</td>
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<td>DAYS TIME</td>
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<td>CHILD CARE REQUESTED? YES NO</td>
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<td>IN LIEU OF UNFORESEEN CIRCUMSTANCES, I PLAN A COMMITMENT OF MONTH(S) YEAR(S)</td>
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<tr>
<td>VOLUNTEER SIGNATURE</td>
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AF FORM 2805, 19970301 (IMT-V1) PREVIOUS EDITION IS OBSOLETE.
### Part I - General Information

1. Typed Name of Volunteer (Last, First, Middle Initial)  
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 instrumentalities 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 (Last, First, Middle Initial)  
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 instrumentalities 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 (Last, First, Middle Initial)  
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  
a. Years (2007 hours/year)  
b. Weeks  
c. Days  
d. Hours  

14. Signature  

15. Termination Date (YYYYMMDD)

16.a. Typed Name of Supervisor (Last, First, Middle Initial)  
b. Signature  
c. Date Signed (YYYYMMDD)
Volunteer Code of Ethics

As a Nevada National Guard Child and Youth Program Volunteer, I am a professional. I realize that I am subject to the same Code of Ethics that binds all professionals within the National Guard. I accept these responsibilities and respect matters of confidentiality. (Including all conversations with families)

I understand that as a Nevada National Guard CYP volunteer, I have agreed to work without monetary compensation, with the exception of mileage and per diem, as determined by the Nevada National Guard Family Programs Office. Having accepted this position, I will perform my work according to the same standard operating procedures as paid staff/contractors are expected to carry out their work.

I believe that all work should be carefully planned and carried out, in a professional manner. I will work with the LCYPC/CYPC and other volunteers to ensure that I am performing the duties expected from me, in a timely and professional manner.

I promise to work with an open mind and be flexible in all situations so that my performance is a benefit to the Children/Youth, families, Service members and staff/contractors within the National Guard Community.

________________________________________________     ________________
Signature of Volunteer                          Date
Volunteer Code of Conduct

As a volunteer for the Nevada National Guard Child and Youth Program, I agree to the following guidelines:

1. I will conduct myself in a professional manner, at all times.
2. I will refrain from using inappropriate/offensive language.
3. I will not disclose any confidential Nevada National Guard Child and Youth Program information.
4. I will consider information as privileged and not for public knowledge.
5. I will not operate and/or act in any manner that is contrary to the best interests of the Nevada National Guard, its Service Members, families, children or youth.
6. I will not make false or derogatory statements against the Nevada National Guard, the United States Armed Forces, or the United States of America.
7. I will ensure I am on-time for all events/activities.
8. I will ensure the enforcement of Nevada National Guard Child and Youth Program dress code and code of conduct.

________________________________________________     ____________________
Signature of Volunteer                           Date

NVNG CYP Children and Youth Dress Code

All clothing must be properly-fitted and provide appropriate body coverage.
All shorts must be below fingertips, when standing. Skirts, when permitted, must be long enough to cover down to one inch above the knee, when standing.
All swim suits must be properly-fitted and provide appropriate body coverage.
Boys must wear a shirt at all times, except while actively swimming.
No halter or tube tops.

NOTE: Due to nature of the event or program, the Dress Code policy may be adjusted, as needed.

The Child & Youth Program Lead and Coordinator (LCYPC/CYPC) or a representative of the NVNG CYP will have final say in what is appropriate or not appropriate for all NVNG CYP related events.
NVNG CYP Children and Youth Behavior Expectations

Section One
- will be courteous and respectful to others at all times
- will value and respect others’ ideas regardless of whether they are the same as my own
- will respect authority and comply with the requests of the LCYPC/CYPC, chaperones, camp counselors and Directors, during any activity
- will take full responsibility for any damage to personal, camp, or public property due to my actions
- will actively participate in all sessions and activities
- will conduct myself in a respectable manner at all times
- will dress appropriately at all times and abide by the Dress Code
- will take seriously the safety of myself as well as my fellow youth
- will not engage in the use of profanity, racial slurs, or offensive language

Section Two
- Discrimination of any type is unacceptable and will not be tolerated.
- Use of alcohol, tobacco, or other drugs, including misuse of prescription drugs is prohibited.
- Engagement in any behavior of a sexual nature, at any time, is not permitted.
- Weapons, of any kind, are not to be brought or carried to any CYP event/activity/training, etc., including, but not limited to, knives, firearms, slingshots, etc.
- No fireworks, matches, lighters, or other incendiary devices are permitted.

Consequences for a Section One violation include removal from training and/or removal from off-site activities. Further disruption or violation of Section One will warrant a parent phone call and a meeting with the Child & Youth Program Coordinator/State Family Program Director/Airman and Family Readiness Program Manager. If it is determined a behavior warrants dismissal from the activity, parents will be notified to pick up their child within a determined amount of time. If the event/activity is not a drivable distance from their home, a determination will be made as to how and by what mode of transportation the youth or child will be sent home. Government funds expended on behalf of the youth or child to be returned home early will be recovered from the family.

Consequences of a Section Two violation will result in immediate dismissal from the event/activity. Parents will be notified and required to pick up their child within a determined amount of time. If the event/activity is not a drivable distance from their home, a determination will be made as to how and by what mode of transportation the youth or child will be sent home. Government funds expended on behalf of the youth or child to be returned home early will be recovered from the family.

I have read the CYP Dress Code and Behavior Expectations, as they pertain to the children and youth.

________________________________________________     __________________
Signature of Volunteer                                                   Date
Confidentiality Statement

I, _______________________, do hereby acknowledge that in my volunteer role for the Nevada National Guard, I may have access to confidential information. I agree that I will not disclose any such confidential information maintained by the Nevada National Guard to any unauthorized person, and I will adhere to confidentiality guidelines of the National Guard.

I acknowledge and agree that disclosure of confidential information to entities outside NVNG CYP staff, obtained by me in the course of my volunteer status, could result in termination from my volunteer position. Confidential information includes: personal identification information, children, family, medical, and otherwise sensitive information obtained during service as a volunteer or from children and families of NVNG Service Members.

______________________________     ________________
Signature of Volunteer               Date

NVNG CYP Photo Release Form

I understand the Nevada National Guard Child and Youth Program (CYP) is developing photographic and multimedia materials, which will illustrate events occurring throughout the year for the Nevada National Guard CYP. I grant the Nevada National Guard CYP and its associated staff and subordinate entities the right to take, use, reproduce, assign and/or distribute photographs, films, non-confidential information, videotapes and sound recordings of me, for use in any such materials as the Nevada National Guard CYP or its associated entities may create, without any payment to or future approval by me. I concur that there shall be no payment for such use.

______________________________     ________________
Signature of Volunteer               Date
Release from Volunteer Service

In the event a statutory volunteer does not uphold the established criteria, as outlined in the volunteer agreement and confidentiality forms, the Nevada National Guard Child and Youth Program Coordinators reserve the right to release said volunteer from future service with the Nevada National Guard Child and Youth Program. In an attempt to prevent this from happening, the following procedure must be followed before a statutory volunteer can be released from service:

1. Upon observation of a behavior violating volunteer agreement forms, the Child and Youth Program Coordinator (LCYPC/CYPC) will address the issue with the volunteer as a verbal reminder. This will be done individually and privately.

2. If the inappropriate behavior continues, following the individual verbal reminder from the LCYPC/CYPC, the volunteer will meet with the LCYPC/CYPC and State Family Program Director to discuss the issue(s) and a formal documentation of behavior will be placed in the volunteer’s state file.

3. If the behavior continues following the previously mentioned steps, the LCYPC/CYPC and State Family Program Director will meet with the volunteer and officially release them from any further involvement with the Nevada National Guard Child and Youth Program. At the time of dismissal, all expenses for mileage, per diem and lodging incurred by the volunteer will become the responsibility of the volunteer. The Nevada National Guard Services Branch will not provide any monetary reimbursement for expenses.

Volunteers are the key to the success of any program; however, our number one priority is the safety of the Children and Youth we work with. At all times, and in all situations, volunteers must conduct themselves in a manner which is professional, respectful of themselves and others, adheres to the criteria established in the volunteer agreement and confidentiality forms, and is a positive example for those around them.

___________________________________________           ________________
Signature of Volunteer                           Date

I verify all the information provided within this Nevada National Guard Child and Youth Program Volunteer Application packet is accurate as of the date noted below. I also agree to all the regulations and conditions of being a Volunteer for the Nevada National Guard Child and Youth Program.

___________________________________________           ________________
Signature of Volunteer                           Date

___________________________________________           ________________
Printed Name of Volunteer                       Date
MEMORANDUM FOR STATE FAMILY PROGRAM DIRECTORS AND WING FAMILY PROGRAM COORDINATORS OF ALL STATES, GUAM, PUERTO RICO, THE DISTRICT OF COLUMBIA, AND THE VIRGIN ISLANDS

SUBJECT: Criminal Background Checks on Individuals Working with National Guard Children and Youth

1. References:

   a. Pub. L. No. 101-647, Section 231

   b. Pub. L. No. 102-190, Section 1094

   c. Department of Defense Instruction (DoDI) 1402.5, 19 Jan 93, Criminal History Background Checks on Individuals In Child Care Services

   d. Department of Defense Instruction (DoDI) 6060.4, 23 Aug 04, Department of Defense (DoD) Youth Programs (YPs)

   e. Army Regulation (AR) 608-10, 15 Jul 97, Child Development Services


   g. Air Force Policy Directive (AFPD) 34-8, 20 Sep 93, Youth Programs

   h. Air Force Instruction (AFI) 34-249, 1 Jun 00, Youth Programs

   i. Air Force Instruction (AFI) 34-248, 1 Oct 99, Child Development Centers

2. The purpose of this guidance is to further define the policies provided in the above cited publications as they relate to the criminal history background check requirement in support of youth programs for both the Army and Air National Guard under the auspices of the National Guard Family Program. This guidance outlines the requirement to obtain criminal history background checks for Army and Air Guard Child Development and Youth Services Programs.

3. This memorandum serves as general guidance and only summarizes portions of the references listed in paragraph 1. The references cited should be consulted and followed when conducting criminal history background checks.
NGB-J1-FP
SUBJECT: Criminal Background Checks on Individuals Working with National Guard Children and Youth

4. Requirements. A criminal history background check is required for all personnel who have regular contact with children involved in National Guard Youth Programs. This includes, but is not limited to, Military Members, Government Employees, Contractor Employees and volunteers both statutory and gratuitous.

5. Activities. This requirement applies to the activities/events below, however it is not all inclusive. This is a list of common activities in the National Guard Youth Program.

   a. Youth Camps
   
   b. Youth Deployment briefings
   
   c. Youth Teen Panel meetings
   
   d. Family Days that include youth participation
   
   e. Youth Workshops/Symposiums

6. Procedures:

   a. Applications for employment (paid staff) or participation (volunteer staff) in Youth Programs must include the following questions:

      (1) Have you ever been arrested for or charged with a crime involving a child?

      (2) Have you ever been asked to resign because of, or been decertified for a sexual offense? And if so, "provide a description of the case disposition."

   b. Applications for employment (paid staff) or participation (volunteer staff) shall state that "the form is being signed under penalty of perjury. In addition, a false statement rendered by an employee may result in adverse action up to and including removal from Federal service." The criteria for criminal history background check disqualifications are listed in Enclosure 7 of DoDI 1402.5.

   c. Applications for the criminal history background check include:

      (1) A FBI fingerprint check. The FBI fingerprint check is good for 5 years from the date of the check.

      (2) A State Criminal History Repository (SCHR) check of all previous and current residences. The SCHR check is good for one year.
NGB-J1-FP

SUBJECT: Criminal Background Checks on Individuals Working with National Guard Children and Youth

7. Youth Program Staff:

a. Specified Statutory Volunteers. In accordance with DoDI 1402.5, Volunteers who work within the Child and Youth Programs activities and events are hereby designated as Specified Volunteers.

b. These Specified Volunteers are required to have an annual SCHR check in lieu of the Installation Records Check.

8. POC is Ms. Paula Sumrall at 703-607-1476 or e-mail paula.sumrall@us.army.mil.

    [Signature]

    LAWRENCE H. ROSS
    Major General, USA
    Director, Manpower and Personnel
    National Guard Bureau

CF:
All JFHQ-States J1
All ANG Wings DP
NGB-J1-FP Staff
After Action Report

Name: ________________________________________________

Event: __________________________ Date: ________________

Number of Youth/ Teens: __________ Number of YAC Teens Present: __________

Event/ activity overview:

Positive outcomes:

Areas to improve:

Submit this form to your CYPC after the event has ended. Please make copies for future use.

___________________________________________  ________________
Signature of Volunteer  Date