

**VOLUNTEER AGREEMENT FOR**

**APPROPRIATED FUND ACTIVITIES**



**NONAPPROPRIATED FUND INSTRUMENTALITIES**

**PRIVACY ACT STATEMENT**

AUTHORITY: Section 1588 of Title 10, U.S. Code, and E. O. 9397

PRINCIPAL PURPOSE(S): To document voluntary services provided by an individual, including the hours of service performed, and to obtain agreement from the volunteer on the conditions for accepting the performance of voluntary service.

ROUTINE USE(S): None

DISCLOSURE: Voluntary; however, failure to complete the form may result in an inability to accept voluntary services or an inability to document the type of voluntary services and hours performed.

**PART I - GENERAL INFORMATION**

1. TYPED NAME OF VOLUNTEER <i>(Last, First, Middle Initial)</i>		2. SSN	3. DATE OF BIRTH (YYYYMMDD)
4. INSTALLATION MCB CAMP LEJEUNE		4. ORGANIZATION/UNIT WHERE SERVICE OCCURS MCCS SEMPER FIT DIVISION	
6. PROGRAM WHERE SERVICES OCCURS YOUTH SPORTS		7. ANTICIPATED DAYS OF WEEK SUN-SAT	8. ANTICIPATED HOURS 4 - 6
9. DESCRIPTION OF VOLUNTEER SERVICES Volunteering as: <input type="checkbox"/> COACH <input type="checkbox"/> ASSISTANT COACH <input type="checkbox"/> TEAM PARENT			

**PART II – VOLUNTEER IN APPROPRIATED FUND ACTIVITIES**

10. 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)
11 a. TYPED NAME OF ACCEPTING OFFICIAL <i>(Last, First, Middle Initial)</i>	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

**PART II – VOLUNTEER IN NONAPPROPRIATED FUND ACTIVITIES**

12. 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), 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 offering.

12 a. SIGNATURE OF VOLUNTEER		b. DATE SIGNED (YYYYMMDD)
13 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**

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

Background Check Date \_\_\_\_\_ New Coach  Yes  No

Returning Coach  Yes  No

Sport \_\_\_\_\_ Division \_\_\_\_\_

Team \_\_\_\_\_

Do you have a child(ren) on the team?  Yes  No

Child(ren)'s Name(s) \_\_\_\_\_  
\_\_\_\_\_

## Youth Sports Application for Volunteers

Name \_\_\_\_\_ Grade \_\_\_\_\_ SSN \_\_\_\_\_

Home Address \_\_\_\_\_

Military Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Military Sponsor \_\_\_\_\_

Position for which you are applying:

- Head Coach
- Assistant Coach
- Team Mom/Dad

Email address:

\_\_\_\_\_

Three references to whom you are not related:

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_

Are you NYSCA (National Youth Sports Coaches Association) certified?

Yes  No

What year were you last certified? \_\_\_\_\_

Please give certification #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Please list last three coaching jobs:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Age group you would like to coach (please list three choices):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



UNITED STATES MARINE CORPS
MARINE CORPS BASE
PSC BOX 20004
CAMP LEJEUNE, NORTH CAROLINA 28542-0004

MEMORANDUM

From: Coordinator, Youth Sports Section, Sports Branch, Semper Fit Division, Marine Corps Community Services, Marine Corps Base, Camp Lejeune
To: Assistant Chief of Staff, Installation Security and Safety, Marine Corps Base, Camp Lejeune
Subj: REQUEST FOR BACKGROUND CHECK
Ref: (a) BO 12732.1A

1. Pursuant to paragraph 7 of the reference, a background check utilizing locally held and locally available records, or if appropriate, records held at a previous command, is requested in the case of:

(Full Name of Applicant) (SSN)

whose military sponsor is (Full Name & Grade)

and who arrived in the Camp Lejeune area on (Date),

from (City, State, Country)

2. The applicant above will be working with youth activities about Marine Corps Base, Camp Lejeune.

G. NEUMANN

I am aware of the provision of the Privacy Act of 1974, Title 5 U.S. Code, Section 552, and the personal nature of the information requested above. I hereby authorize the release of this information directly to the requestor and to such other officers and persons having a need to know in the discharge of their information from Assistant Chief of Staff, Installation Security and Safety, this form may be forwarded to the Base Inspector for further evaluation.

(Applicant's Signature)

FIRST ENDORSEMENT

From: Assistant Chief of Staff, Installation Security and Safety, Marine Corps Base, Camp Lejeune
To: Coordinator, Youth Sports Section, Sports Branch, Semper Fit Division, Marine Corps Community Services, Marine Corps Base, Camp Lejeune

1. The requested background check was completed on



# Coaches' Code Of Ethics

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**I hereby pledge to live up to my certification as an NYSCA Coach by following the NYSCA Code of Ethics.**

I will place the emotional and physical well-being of my players ahead of a personal desire to win.

I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.

I will do my best to provide a safe playing situation for my players.

I will promise to review and practice the basic first aid principles needed to treat injuries of my players.

I will do my best to organize practices that are fun and challenging for all my players.

I will lead by example in demonstrating fair play and sportsmanship to all my players.

I will provide a sports environment for my team that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events.

I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.

I will use those coaching techniques appropriate for each of the skills that I teach.

I will remember that I am a youth coach, and that the game is for children and not adults.

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Coach Signature

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Date