

E2. ENCLOSURE 2SCHOOL VOLUNTEER APPLICATION

<b>SCHOOL VOLUNTEER APPLICATION</b>	
<b>PRIVACY ACT STATEMENT</b>	
<p><b>AUTHORITY:</b> Section 113 of title 10 (Secretary of Defense), section 13041 of title 42 USC 13041 (Crime Control Act of 1990), and section 552a of title 5 (Privacy Act) of the United States Code, and E.O 9397 (SSN) authorize the collection of this information.</p> <p><b>PRINCIPAL PURPOSE:</b> To obtain information to determine applicant suitability for acceptance as a DoDEA volunteer.</p> <p><b>ROUTINE USE:</b> 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 <a href="http://www.defenselink.mil/privacy/notices/osd/">http://www.defenselink.mil/privacy/notices/osd/</a>.</p> <p><b>DISCLOSURE:</b> <u>VOLUNTARY</u>. 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: [REDACTED]
SPONSOR'S NAME:	SSN: [REDACTED]
MAILING ADDRESS:	HOUSE ADDRESS:
Home telephone: (Area code first)	Duty telephone: (Area code first)
Facsimile number: (Area code first)	E mail 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.	

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Question	YES	NO
1. Do you have a child/children in the school(s) where you wish to volunteer? What Grade level(s)?		
2. Do you have experience as a school volunteer? Describe your past experiences.		
3. Have you ever been removed from a school volunteer position? Describe the circumstances.		
4. Can you provide a character reference? Give the name and telephone number.		
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.		
6. Have you ever been asked to resign from a job because of, or been decertified for a sexual offense? Describe the circumstances.		
<u>Pre-Selection Agreement</u>  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.		
<u>Certification that My Answers Are True</u>  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-F1, (Back) May 2006



UNITED STATES MARINE CORPS  
 PROVOST MARSHAL'S OFFICE  
 CAMP SMEDLEY D. BUTLER, OKINAWA.  
 UNIT 35002  
 FPO AP 96373-5025

## BACKGROUND RECORDS CHECK

### PRIVACY ACT STATEMENT

PRIVACY ACT STATEMENT: This document falls purview to the Privacy Act of 1974. This requirement is to prevent an unwarranted disclosure to any person other than the one to whom the records or personal information pertains. Under the Privacy Act of 1974, Reasonable care must be taken to ensure that personal information is not subject to unauthorized disclosure during records dissemination and disposal. Authority to request the following information is derived from 5 U.S.C. 301, 10 U.S.C. 5031, Executive Order 9397, and DoD Instruction 1402.5 Implementing Public Law 101-847, Section 231, and Public Law 102-190, Section 1094.

PRINCIPLE PURPOSE: This form will be used by officials of the Department of Navy to obtain a background records check.

RIGHT TO CHALLENGE: You have the right to challenge the accuracy of records under the provisions of DoD directive 5400.11

DISCLOSURE: Completion of this form is voluntary; and I hereby authorize the use of my name and social security number to be used for a background records check for the purpose of:

To fulfill DoDFA Volunteer requirement  
 (PURPOSE FOR REQUESTING LOCAL RECORDS CHECK)

NAME (LAST, FIRST, MIDDLE) \_\_\_\_\_ SSN \_\_\_\_\_ GRADE \_\_\_\_\_ MOS \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_

CLEARANCE STATUS (DEGREE) \_\_\_\_\_ BASIS \_\_\_\_\_ COMPLETED BY (AGENCY) \_\_\_\_\_ DATE COMPLETED \_\_\_\_\_

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

### RECORDS CHECK REVEALED: (Check the appropriate box)

- NO RECORDS AVAILABLE.
- RECORDS AVAILABLE; NO UNFAVORABLE INFORMATION INDICATED.
- THE FOLLOWING RECORDS:

\*\*\*USE REVERSE SIDE OF THIS DOCUMENT IF MORE SPACE IS NEEDED\*\*\*

CHECKED BY: \_\_\_\_\_

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

DATE & TIME CHECKED: \_\_\_\_\_

