

FAMILY MEMBER YOUTH SPORTS PROGRAMS
BACKGROUND INVESTIGATIONS AUTHORIZATIONS
DAVIS-MONTHAN AIR FORCE BASE, AZ

ACKNOWLEDGEMENTS OF RIGHTS AND AUTHORIZATION 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 DOD 1402.5, Criminal Background Checks on individuals in Youth Care/Youth Services.

DISCLOSURE: Mandatory. In the case of an applicant for employment/volunteer in a position involved with youth under the age of 18, refusal to sign this form shall result in the application being rejected.

VOLUNTEER/SPOUSE ACKNOWLEDGEMENT:

1. We have been advised and understand that the United States Air Force has an obligation to require a record check as a condition of my volunteering in a position involving youth under the age of 18.
2. We understand by signing this form, we are authorizing the United States Air Force to conduct background investigation for volunteering in the youth sports program.
 - a. An **Installation Record Check (IRC)** consists of a records check of all installations on which the individual has lived or worked for 2 years before the date of the application. The IRC includes a file check of Security Forces Management Information System (SFMIS), Family Advocacy's AF Central Registry (which includes all drug and alcohol program files, medical treatment facility files, mental health, and life skills files) and Family Housing. A check of SFMIS and Family Advocacy's AF Central Registry will satisfy the requirement for IRCs from current and former installations. Results are maintained in the employee/volunteer work folder. (AFI 34-249,4.2.2)- To be completed initial and annually.
 - b. A Defense Central Index of Investigations (DCII) – Initial and then every 5 years. (AFI 34-249,4.2.2)

() Initial Application

() Renewal Application

Volunteer's Printed Name: _____

Volunteer's Signature: _____

Volunteer's Status: () Active Duty () Dependent () Other ---Explain _____

Volunteer's SSN : _____

Volunteer's DOB: _____

DATE: _____

Spouse's Printed Name: _____

Spouse's Signature: _____

Spouse's Status: () Active Duty () Dependent () Other ---Explain _____

Spouse's SSN : _____

Spouse's DOB: _____

DATE: _____

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RE: _____
(Last Name of Applicant)

Date _____
(Agency fills in)

Request that you screen your agency's records for incidents' which would indicate reasons for disapproval for volunteering with DM Youth Sports Programs.

- Family Advocacy – CSR (355 MDOS/SGOMH)
- Security Forces – (355 SFS/SFAR)
- Family Housing – Soaring Heights Community
- Youth Programs (355 FSS/FSFY)
- AF Office of Special Investigations

I certify that a check of all records pertaining to the above **Volunteer/Applicant** has been complete and disclosed the following:

- No Record Found
- Information Stated Below

Signature Title/Position/Rank Date

I certify that a check of all records pertaining to the above **Spouse** has been complete and disclosed the following:

- No Record Found
- Information Stated Below

Signature Title/Position/Rank Date

Thank you for your assistance -----

Kathy Sands
DMAFB Youth Sports Director
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