



Volunteer Application Packet

Arkansas National Guard
Child and Youth Program

Edited by: Morgan, Nora CTR NG AR ARNG



Dear Volunteer Applicant,

Thank you for your consideration to volunteer time, talent, and efforts to ensure the success of the Arkansas 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 volunteers, like you, within the National Guard is felt locally, statewide, and at the national level.

The following pages of this guide will provide you with a better understanding of what volunteering looks like with the Arkansas 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 Arkansas National Guard children and youth.

Please read through the following information carefully, then complete and submit all required documents to the Child & Youth Program Coordinators. The safety of our Service Members' children is our number one priority. Please be patient and understanding through the process. We want take every measure to ensure that our volunteers who work with children have been screened thoroughly and properly. Please be aware that your information will be submitted on a State, FBI and C-NACI level clearance, pending amount of time spent with children. Should you have any questions about the information in this guide please contact Nora Morgan at 501-212-4037.

On behalf of the all the Arkansas National Guard children and their families, I thank you for your commitment, generosity, and support of the Arkansas National Guard Child and Youth Program.

Sincerely,

Ms. Nora Morgan
Lead Child and Youth Program Coordinator
7301 Kansas St. Rm 121
North Little Rock, AR 72199
501-212-4037 (Office)
501-216-7279 (Cell)
480-686-5206 (Personal Cell)
nora.h.morgan.ctr@mail.mil

Mr. James Garrett, CTR
Child and Youth Program Coordinator
7301 Kansas St
North Little Rock, AR 72199
501-212-4077 (Office)
501-216-7295 (Cell)
james.g.garrett13.ctr@mail.mil



Arkansas National Guard Child and Youth Program VOLUNTEER PROGRAM

Position Objective

To assist the Arkansas National Guard(ARNG) 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, State Teen Panel, Program Development, Trainer, Administrative Support, Event Coordinator, and Camps.
3. To promote a safe environment for all youth, teens 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.

Supervision

1. The CYPCs will serve as the supervisor of all ARNG Youth Program volunteers.
2. The Arkansas State Family Program Director possesses direct responsibility of the Arkansas 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.

Joint Services Support Tracking

In order to help us facilitate our program more efficiency, we ask that all our volunteers log their hours serving the ARNG Child and Youth Program in JSS, www.jointservicesupport.org. Logging this time helps the Arkansas National Guard justify the programs and support we offer throughout the year. If any volunteer would like a record of their hours, please contact a CYPC and they will be printed.

Volunteer Standards are based on Army Directive 2014-23



Volunteer Forms Checklist

Please complete and return the following to the LCYPC/CYPC

- Forms Checklist
- Volunteer Information
- Volunteer Experience
- Volunteer Certification Form
- Code of Ethics
- Code of Conduct
- Confidentiality Statement and Photo Release Form
- Release from Volunteer Service
- Background Screening
 - DTS Information
 - Clearance Request Form 7b
 - OFI 86c (*annually*)
 - Volunteer Agreement, DD2793 (*annually*) (*attached*)
 - Fingerprints (*annually*) (*Attained at Security Office or local police*)

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

All new Volunteer Applicants are required to conduct an interview with a CYPC before becoming a specified volunteer. (See Army Directive 2014-23, Enclosure 5, pp3)



Volunteer Application

Complete all sections of the application.

Section 1: Applicant Information

Full Name:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Address:			
City:		State:	Zip:
Home Phone (with area code):		Cell Phone (with area code):	
Email Address:			
T-Shirt: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	Age:	Date of Birth (mm/dd/yy):	

I am a:	
Member of the Arkansas National Guard <input type="checkbox"/> ARNG <input type="checkbox"/> ANG	Spouse of a Service Member <input type="checkbox"/> Relative of a Service Member <input type="checkbox"/> Other: _____
Member of: <input type="checkbox"/> Active Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard	it Affiliation: _____
Are you a full-time employee of the Arkansas National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your status? <input type="checkbox"/> AGR <input type="checkbox"/> ADOS <input type="checkbox"/> Fed Tech <input type="checkbox"/> State Employee <input type="checkbox"/> Contractor	

References for Non- Guard Affiliated Applicants

If you are not a National Guard Service member or related to a National Guard Service member, please provide the name, address, and phone number of two individuals that are not related to you for a character reference:

Name	Address	Daytime Phone	Relationship to Applicant

I authorize the National Guard to contact the references above. I understand that misrepresentation or omission of information requested is just cause for non-selection as a volunteer. I waive the right to review these references.

Applicant Signature: _____ Date: _____

Volunteer Experience

If you have not previously volunteered with the National Guard Youth Program, please list your previous volunteer work and/or experience working with children and youth.

Organization	Brief Role and Duties	Year/Length

Volunteer Interests, Specialties, and Certifications

What special interests do you have that could benefit our youth?

Are you First Aid/CPR certified? If so, what date is your certification through?

Do you have any other certifications that would be beneficial at our camps/events?

What are your preferences as far as volunteering? Do you prefer working with 8-12 years or 13-17 years? Do you prefer to work directly with youth or behind the scenes?

Is there anything else you want us to know?



Volunteer Certification Form

As required by the Department of Defense, a criminal history background check which includes a FBI fingerprint check and a state criminal background check must be performed on all individuals working with National Guard Children and Youth. Background checks will be submitted to the Arkansas State Police department.

Have you ever been arrested for or charged with a crime involving a child? Yes No

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." Yes No

I, the undersigned, grant permission for the Arkansas National Guard Youth Program to conduct a background investigation to verify that I do not have a criminal record. I understand that this information will be kept confidential and that it is required to provide protection and a safe environment for the children. I, the undersigned, do hereby certify under penalty of perjury, that I have not been convicted in Arkansas or any other state or jurisdiction of any crime or disorderly personal offense involving sexual offenses, child molestation, endangering the welfare of children, or incompetence.

Signature: _____ Date: _____

Volunteer Code of Ethics

As an Arkansas National Guard Child and Youth Program (ARNG CYP) 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 ARNG CYP volunteer, I have agreed to work without monetary compensation, with the exception of mileage and per diem, as determined by the ARNG 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



Code of Conduct

Purpose:

The purpose of the Arkansas National Guard Youth Program is to develop a positive and safe learning environment that encourages military youth. We expect all persons involved to practice positive behaviors that foster the total development of youth. Each individual must accept the responsibility of creating a positive image that reflects the Youth Program ideals. In seeking uniformity in the conduct expected, the following code of conduct has been developed to provide a clear understanding of expectations of attendees, volunteers, and supporting personnel.

Code of Conduct:

1. Participants should attend and be actively involved in all scheduled activities. Failure to be in assigned locations may lead to dismissal from youth event.
2. Participants are expected to follow the directions of the Youth Program staff at all times.
3. Participants should respect the property of others. Deliberate destruction of facilities or removal of equipment is not permitted. Financial responsibilities for any damage caused by deliberate destruction will be assumed by the participant and/or parents or guardian. The same applies to the property and personal items of the other participants.
4. Participants should treat others and themselves with respect. Aggressive, abusive, vulgar, or violent language and behavior towards others are not permitted.
5. Participants are expected to dress according to the dress code at all times.
6. Possession, distribution of illegal substances, alcohol, tobacco products, weapons, knives or any items that can be used as a weapon must be reported to law enforcement. The Youth Program Staff have the right to conduct a search of a participant's outer clothing and personal belongings, lodging rooms and furniture being used by a participant if there is "reasonable suspicion" that the participant has drugs, alcohol or weapons.
7. Electronic devices (cell phones, MP3, video games, CD players, TVs, computers, etc.) are not allowed. These items will be confiscated and returned to the participant at the end of the event. Allowances are made for Adult Volunteers who have the responsibility of ensuring safety and communication during an event.

Consequences: *(See Release from Volunteer Service)*

NOTE: Any conduct not specifically covered by this Code of Conduct, but deemed inappropriate by those responsible for the youth event will be viewed as a violation and appropriate action will be taken. If an infraction occurs, the coordinator or person in charge of the youth event will provide appropriate communication to parents/guardians.

Signature of Volunteer

Date



Confidentiality Statement

I, the undersigned, do hereby acknowledge that in my volunteer role for the Arkansas National Guard, I may have access to confidential information. I agree that I will not disclose any such confidential information maintained by the Arkansas 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 ARNG 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 ARNG Service Members.

_____Initial

ARNG Youth Program Media Release

The Arkansas National Guard Family Programs Office occasionally uses photographs of events and participants in an official capacity. I, the undersigned, do hereby grant permission to Arkansas National Guard Family Programs Office to use my image without further permission or payment. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures, newsletters, videos, and digital images such as those on the Arkansas National Guard Web site, Army Virtual FRG website and the Arkansas National Guard official Facebook pages.

_____Initial

Signature: _____ 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 Arkansas National Guard Child and Youth Program Coordinators reserve the right to release said volunteer from future service with the Arkansas 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 Arkansas 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 Arkansas 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 Arkansas 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 Arkansas National Guard Child and Youth Program.

Signature of Volunteer

Date

Printed Name of Volunteer

Date

DEPARTMENT OF THE ARMY
Camp Joseph T. Robinson
Arkansas National Guard Family Programs
7301 Kansas Street
North Little Rock, Arkansas 72199

AFFIDAVIT

For and in consideration of being permitted to ride as a passenger in a government owned vehicle operated by or on behalf of the Arkansas Army National Guard, for and on behalf of myself, my personal representatives, servants or employees from any and all claims of property damage and/or personal injury or death resulting from or during said transportation or continuances thereof, or from any supportive maintenance operations incident to this transportation.

Name of Volunteer: _____

Signature of Volunteer: _____

If Volunteer is under 18 years of age Parent/Guardian signature below is required.

Parents/Guardian (please print) Name: _____

Parent/Guardian Signature: _____

Witness: _____

Name and address of person to notify in case of emergency:

Name: _____

Phone number: _____ Cell: _____

Organization Signature Block and Extension

VOLUNTEER AGREEMENT FOR

APPROPRIATED FUND ACTIVITIES

NONAPPROPRIATED FUND INSTRUMENTALITIES

PART I - GENERAL INFORMATION

1. TYPED NAME OF VOLUNTEER <i>(Last, First, Middle Initial)</i>		2. YEAR OF BIRTH
3. INSTALLATION Camp Robinson, North Little Rock, AR	4. ORGANIZATION/UNIT WHERE SERVICE OCCURS JFHQ-JSS	
5. PROGRAM WHERE SERVICE OCCURS ARNG Child and Youth Program	6. ANTICIPATED DAYS OF WEEK	7. ANTICIPATED HOURS
8. DESCRIPTION OF VOLUNTEER SERVICES To assist the AR National Guard Child and Youth Program in the delivery of child and youth related trainings, events and activities, as well as to ensure youth programming policies are enforced.		

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 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)
10.a. TYPED NAME OF ACCEPTING OFFICIAL <i>(Last, First, Middle Initial)</i>	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 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). 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 <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

13. AMOUNT OF VOLUNTEER TIME DONATED				14. SIGNATURE	15. TERMINATION DATE (YYYYMMDD)
a. YEARS (2007 <i>hours=1 year</i>)	b. WEEKS	c. DAYS	d. HOURS		
16.a. TYPED NAME OF SUPERVISOR <i>(Last, First, Middle Initial)</i>				b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

SPECIAL AGREEMENT CHECKS (SAC)

OFI FORM 86C
MAY 2010

U.S. OFFICE OF PERSONNEL MANAGEMENT
INVESTIGATIVE SERVICES

Agency Agreement Number	OPM USE ONLY	OPM Codes	Case Number
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AGENCY USE ONLY (COMPLETE ITEMS 1 THROUGH 14 USING INSTRUCTIONS FROM THE BACK)

1. SUBJECT'S FULL NAME				2. DATE OF BIRTH	
Last Name	First Name	Middle Name	Abbrev.	Month	Day Year
3. PLACE OF BIRTH - Use the 2 letter code for the state				4. SOCIAL SECURITY NUMBER	
City	County	State	Country		
5. OTHER NAMES AND DATES WHEN USED					
Name	Month/Year To	Name	Month/Year To	Month/Year To	Month/Year To
Name	Month/Year To	Name	Month/Year To	Month/Year To	Month/Year To
6. SEX (Mark one box) <input type="checkbox"/> Female <input type="checkbox"/> Male		7. SPECIAL AGREEMENT CODES 8. B		8. POSITION TITLE	
9 SON 3338	10 SOI A380	11 IPAC-ALC NUMBER DA ARNG		12 ACCOUNTING DATA	
13. OTHER INFORMATION REQUIRED BY AGREEMENT					

(CODE 8) Child Care searches- Complete additional information needed for State Criminal History Repository checks. Fill in subject's address for every place lived in the past 5 years, beginning with the present (#1) and working backwards. If additional space is needed, attach a continuation sheet to this form.

Month/Year to Month/Year to	Street Address	Apt. #	City	State	Zip
1.					
2.					
3.					
4.					
5.					
6.					
7.					

14 Requesting Official Name and Title Angela H. Brown, Personnel Security Manager	Signature	Telephone Number (including area code) (501)212-4033	Date
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APPENDIX N

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.²

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/ corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

¹ Written notification includes electronic notification, but excludes oral notification.

² See 28 CFR 50.12(b).

³ See 5 U.S.C. 552a (b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

APPENDIX O

AGENCY PRIVACY REQUIREMENTS FOR NONCRIMINAL JUSTICE APPLICANTS

Authorized governmental and non-governmental agencies/officials that conduct a national fingerprint-based criminal history record check on an applicant for a noncriminal justice purpose (such as a job or license, immigration or naturalization matter, security clearance, or adoption) are obligated to ensure the applicant is provided certain notice and other information and that the results of the check are handled in a manner that protects the applicant's privacy.

- Officials must provide to the applicant written notice¹ that his/her fingerprints will be used to check the criminal history records of the FBI.
- Officials using the FBI criminal history record (if one exists) to make a determination of the applicant's suitability for the job, license, or other benefit must provide the applicant the opportunity to complete or challenge the accuracy of the information in the record.
- Officials must advise the applicant that procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- Officials should not deny the job, license, or other benefit based on information in the criminal history record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
- Officials must use the criminal history record solely for the purpose requested and cannot disseminate the record outside the receiving department, related agency, or other authorized entity.²

The FBI has no objection to officials providing a copy of the applicant's FBI criminal history record to the applicant for review and possible challenge when the record was obtained based on positive fingerprint identification. If agency policy permits, this courtesy will save the applicant the time and additional FBI fee to obtain his/her record directly from the FBI by following the procedures found at 28 CFR 16.30 through 16.34. It will also allow the officials to make a more timely determination of the applicant's suitability.

Each agency should establish and document the process/procedures it utilizes for how/when it gives the applicant notice, what constitutes "a reasonable time" for the applicant to correct or complete the record, and any applicant appeal process that is afforded the applicant. Such documentation will assist State and/or FBI auditors during periodic compliance reviews on use of criminal history records for noncriminal justice purposes.

I Acknowledge that I have received and understand my privacy rights as a non-criminal justice applicant.

Print Name _____

Signature _____

Date _____

¹ Written notification includes electronic notification, but excludes oral notification.

² See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d), 50.12(b) and 906.2(d).



ARKANSAS STATE POLICE

ASP 122VOL
(Eff. 02/19/2019)

Identification Bureau Individual Record Check Request Form VOLUNTEER ONLY

Procedure for obtaining a Criminal History Check for:
Adam Walsh Act – Public Law 109-248 ARAWA000Z;
Serve America Act – Public Law 111-13 ARSAA000Z; or
Other Volunteer AR920500Z AR Code §12-12-1607

INSTRUCTIONS

1. If **only an Arkansas background check** is requested, include a properly completed **ASP 122VOL** request form and a check or money order (**DO NOT SEND CASH**) in the amount of **\$10.00** made payable to the Arkansas State Police. A fingerprint card is NOT required if only the Arkansas background check is requested. The results of the Arkansas background check will be sent to the person/entity as specified on this form.
2. If **both an Arkansas and an FBI check** are requested, include a properly completed **ASP 122VOL** request form, a check or money order (**DO NOT SEND CASH**) in the amount of **\$21.25**, made payable to the Arkansas State Police, **and a properly completed fingerprint card**. The fingerprints that are submitted will be used to check the Arkansas and FBI criminal history records. If you are not a government entity, you will need to **file a list of criminal offenses with ASP ID Bureau for which a conviction would disqualify a person from volunteering with your agency/entity**. (*The detailed FBI results will not be released to a non-governmental volunteer agency.*)
3. The subject of the criminal records search may challenge the completeness or accuracy of the criminal history information by using the procedures as outlined in Title 28, Code of Federal Regulation (CFR) Section 16.34 and/or Arkansas Code Ann. §12-12-1013.
4. When the properly completed **ASP 122VOL** is submitted, other than in person at ASP ID Bureau in Little Rock by the subject of the record check, this **ASP 122VOL** request form must be notarized.
5. If the request is made by mail, an envelope properly addressed to the person/entity to whom the background check will be released, as specified on this form, with sufficient return postage must be included.
6. Send properly completed request form, envelope, fingerprints (if FBI check is requested), and proper payment to:

**Arkansas State Police
Identification Bureau
1 State Police Plaza Drive
Little Rock, AR 72209**

To contact the Arkansas State Police ID Bureau, you may call **501-618-8500**.

SEE OTHER SIDE FOR REQUEST FORM



ARKANSAS STATE POLICE

ASP 122VOL
(Eff. 02/19/2019)

Identification Bureau Individual Record Check Request Form VOLUNTEER ONLY

- Select One: Adam Walsh Act - Public Law 109-248 ARAWA000Z
 Serve America Act - Public Law 111-13 ARSAA000Z
 Other Volunteer AR920500Z AR Code §12-12-1607

 Last Name First Name Middle Name Jr./Sr./III

 List ALL other names ever used (married, maiden, shortened, etc.) Daytime Phone #: _____

Date of Birth: _____ State of Birth: _____ Race: _____ Sex: _____
 (Month/Day/Year)

Social Security #: _____ Driver's License #: _____ State _____

Mailing Address: _____

 City Street/P.O. Box State Zip Code

APPLICANT RECORD NOTICE

Notification: Fingerprints submitted will be used to check the criminal history records of the FBI.
Obtaining Copy: Procedures for obtaining a copy of the FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR) Section 16.30 – 16.33 or the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>
Change, Correction, or Updating: Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.

I give my consent for the Arkansas State Police to conduct a criminal record search on myself and release any results to the following person or entity:

Signature: _____ Date: _____
 (First/MI/Last Name) (Month/Day/Year)

Release to: _____
 (First/MI/Last Name) OR Full Name of Agency

Mailing Address: _____

 City Street/P.O. Box State Zip Code

WHEN THIS PROPERLY COMPLETED REQUEST FORM IS SUBMITTED (OTHER THAN IN PERSON BY THE SUBJECT OF THE CHECK) THIS REQUEST FORM MUST BE NOTARIZED

STATE OF _____
 COUNTY OF _____

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this is the _____ day of _____, 20_____.

 Notary Public

BELOW FOR OFFICE USE ONLY

- 82002 Civil Record Check 80020 FBI Check 80006 FBI Check (ASP)

Back

ADAPCP CLIENT'S CONSENT STATEMENT FOR RELEASE OF TREATMENT INFORMATION

For use of this form, see AR 600-85; the proponent agency is DCS, G-1.

SECTION A - CONSENT

I, _____, this _____ day of _____, 20____,
(client's full name)
do hereby voluntarily consent to the release of the following information by Army National Guard - NGB
(name of installation ADAPCP)
pertaining to my identity, diagnosis, prognosis, or treatment from any Army record maintained in connection with
alcohol or other drug abuse education, training, treatment, rehabilitatiton, or research to Army National Guard Child &
Youth Services Program for the purpose of Employment as a Child and Youth Program volunteer within the state
of Arkansas.

_____ namely,
_____ *(extent or nature of information to be disclosed)*

SECTION B - EXPIRATION/REVOCAION
(Check applicable paragraph)

1. I understand that this consent automatically expires when the above disclosure action has been taken in reliance thereon and that, except to the extent that such action has been taken, I can revoke this consent at any time.

- Or -

(For disclosure to civilian criminal justice officials under the provisions of paragraphs 6-9b(4)(b) and 6-10e(3), AR 600-85)

2. I understand that this consent automatically expires 60 days from today's date or when my present criminal justice system status changes to _____

Further, I understand that if my release from confinement, probation, or parole is conditioned upon my participation in the ADAPCP, I cannot revoke this consent until there has been a formal and effective termination or revocation of my release from such confinement, probation, or parole.

SIGNATURE OF CLIENT		DATE
NAME OF WITNESS <i>(Type or print)</i>	SIGNATURE	DATE
SFPD or Designated Gov't POC		

SECTION C - APPROVAL AUTHORITY FOR RELEASE OF INFORMATION

NOTE: Other than the MEDCEN/MEDDAC Commander, approval authority for release of information may be delegated to the Program Physician or the Clinical Director.

In my judgment, the release of an evaluation of the present or past status of _____ *(client's name)*
in the alcohol or other drug treatment and rehabilitation program will not be harmful to him/her.

NAME OF MEDCEN/MEDDAC COMMANDER OR DESIGNATED REPRESENTATIVE <i>(Type or print)</i>	DATE
SIGNATURE	



Department of the Army
G-1, Personnel Suitability Division,
Child Services Suitability Cell
 Bldg #4119, 6630 Rodman Rd
 Aberdeen Proving Ground, MD 21005

REQUEST FOR BACKGROUND CHECK			
This background check is being requested in accordance with AR 215-3, AR 608-10, AR 608-18, AD 2014-23			
Child Services Suitability Cell (CSSC) Use Only			
Installation:	Installation POC Name:	Request Date:	
Army National Guard-NGB	Dana Ivory		
Please Check One:			
a. Active Duty <input type="checkbox"/>	b. IHC Provider/ Family Member <input type="checkbox"/>	c. Civilian <input type="checkbox"/>	d. Contractor <input type="checkbox"/> e. Volunteer <input checked="" type="checkbox"/>
Subject Name:			
Alias/Maiden Name:			
Social Security Number:			
Date of Birth:			
Place of Birth:			
For questions, please contact the CSSC POC:		CSSC POC Digital Signature:	
Roderick Sheppard			
Telephone:		Email Address:	
(703) 607-3005		roderick.c.sheppard.ctr@mail.mil	

Results should be returned to the CSSC POC via encrypted email or S.A.F.E. within 48 hours

FOR AGENCY USE ONLY

			MTF/ACR <input type="checkbox"/>		
I verify checks have been completed through the following systems:					
a.	Applicant's name reflected in database?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
b.	Derogatory information on file?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Name:		Signature:			
Grade/Rank:		Position:			