

Fort Stewart Volunteer Coach Job Description

Job Summary: Helps provide a fun, wholesome, sports experience for every participant in the program. Serves as a positive role model and helps teach children the values of fair play, good sportsmanship, teamwork, dedication, and commitment. Prepares for the program by attending coaches meetings, certification & rules clinics, and developing a plan of action to make the experience as enjoyable as possible for players, parents, coaches, and officials. Ensures that parents and players are aware of practice & game schedules, rules, and coaching policies, and any other events, cancellations or changes that may occur. Makes the health and safety of each participant a top priority.

Duties and Responsibilities:

- a. Considers first aid needs for all practices and games.
- b. Checks practice areas to ensure that there are no safety hazards such as, broken glass, holes, etc.
- c. Does not allow participants to engage in dangerous activities such as, playing on bleachers or fences, or horseplay that may result in injury.
- d. Does not require participants to perform drills or acts that cause excessive exertion or have high potential for injury.
- e. Follows the rules and guidelines set forth by the Fort Stewart CYSS Youth Sports & Fitness Program.
- f. Is punctual for practices and games or makes the necessary arrangements if unable to attend.
- g. Treats all participants in a fair and impartial manner.
- h. Does not argue with officials and teaches players to accept official's decisions even if they don't agree with the decision.
- i. Does not allow the use of tobacco, drugs, or alcohol at practices or games.
- j. Prohibits the use of profanity by children and adults at all team functions.
- k. Uses positive coaching techniques to motivate players or correct mistakes.
- l. Does not leave practices or games until each person has been picked up by an appropriate person.
- m. Does not remove the team from the field or court unless so instructed by the officials.
- n. Ensures that the Participation Rule is met and attempts to give players experience at different positions in practices and games.
- o. Participates in the selection of any all star teams or coaches.
- p. Provides an Evaluation of the program at season's end.
- q. Participates in pre-season skills assessments.

RELINQUISHMENT OF INFORMATION

DATA REQUIRED BY ACT OF 1974

AUTHORITY: Title 10, United States Code, Section 3012

PRINCIPAL PURPOSE: Information issued by DA Personnel to obtain background information on potential Family Child Care Providers, their sponsors and other family members twelve years of age and older.

ROUTINE USES: Information is used to conduct background checks on applicant.

DISCLOSURE: Disclosure of information is voluntary; however, if information is not provided, certification of the candidate will be denied.

INFORMATION CONTAINED MAY BE MODIFIED/ADAPTED WITHOUT FURTHER PERMISSION

SPONSOR'S NAME

SPONSOR'S SSN

SPOUSE'S NAME

SPOUSE'S SSN

In accordance with AR 608-10, Child Development Services has my permission to obtain information from the following agencies for the purpose of completing the screening procedures required to obtain a Family Child Care Home Certification. These agencies include: The Servicemember's Unit Commander, Family Housing Officer, Provost Marshal's Office (PMO), School Counselor, Case Review Committee (CRC), Alcohol and Drug Prevention Control Program (ADPCP), Community Mental Health, Criminal Investigation Division (CID), and Civilian Law Enforcement.

It is understood that this information will be used to process a Child Development Services Family Child Care Provider (DA Form 5219-R) Application and will not be released to other individuals or agencies.

It is further understood that disclosure of information on this waiver or within the application is voluntary; however, failure to provide information on the application or failure to allow relinquishment of information will cause application to be rejected.

SPONSOR'S SIGNATURE

SPOUSE'S SIGNATURE

DATE



DEPARTMENT OF THE ARMY
**YOUTH SERVICES
 VOLUNTEER**



PRIVACY ACT STATEMENT (5 U.S.C. 552a) AUTHORITY: Title 15 USC, Section 3012. PRINCIPAL PURPOSE(S): To obtain information on applicants for volunteer work in the Youth Services Program. ROUTINE USES: To obtain information to be used in screening and selecting volunteer workers. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Voluntary. Failure to provide information may result in the individual not being selected as a volunteer.

Mr/Mrs _____

Address _____

Street

City

State

Zip

Home Phone _____ Work Phone _____ Age _____

Person to be notified in case of emergency _____

Name

Address

Phone Number

Children: Name _____

Age _____

Name _____

Age _____

Name _____

Age _____

Name _____

Age _____

Education (Circle Highest Grade) 5—6—7—8—9—10—11—12 College 1—2—3—4—Graduate

Unit _____ Rank _____

CO _____ SSN _____

VOLUNTEER EXPERIENCE

Kind of Service _____ Organization _____

SKILLS AND INTERESTS

TYPE OF VOLUNTEER WORK PREFERRED

Check the days and hours you can serve:

	MON	TUES	WED	THURS	FRI	SAT	SUN
am							
pm							

Referred by _____

VOLUNTEER AGREEMENT

I, the undersigned, desire to volunteer my services to the Youth Services Program at Fort Stewart/Hunter Army Airfield. I expressly agree that my services are being performed as a volunteer and that I am not, solely because of these services, an employee of the United States Government or any instrumentality thereof. I expressly agree that I expect no present or future salary, wages or related benefits as payment for these volunteer services. I hereby authorize Youth Services to receive any criminal history information pertaining to me which may be in the files of any state or local criminal agency in Georgia.

Typed or Printed Name of Volunteer

Address

Signature of Volunteer

Date

DOB

SSN

RACE

ACCEPTED

Typed or Printed Name of Accepting Official

Signature of Accepting Official

Date

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 <i>(YYYYMMDD)</i>
4. INSTALLATION		5. ORGANIZATION/UNIT WHERE SERVICE OCCURS	
6. PROGRAM WHERE SERVICE OCCURS		7. ANTICIPATED DAYS OF WEEK	8. ANTICIPATED HOURS
9. DESCRIPTION OF VOLUNTEER SERVICES			

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

PART III - VOLUNTEER IN NONAPPROPRIATED FUND INSTRUMENTALITIES

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

PART IV - TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR

14. AMOUNT OF VOLUNTEER TIME DONATED				15. SIGNATURE		16. TERMINATION DATE <i>(YYYYMMDD)</i>	
a. YEARS <i>(2,087 hours = 1 year)</i>	b. WEEKS	c. DAYS	d. HOURS				
17.a. TYPED NAME OF SUPERVISOR <i>(Last, First, Middle Initial)</i>				b. SIGNATURE		c. DATE SIGNED <i>(YYYYMMDD)</i>	

ADAPCP CLIENT'S CONSENT STATEMENT FOR RELEASE OF TREATMENT INFORMATION

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

SECTION A - CONSENT

I, _____, this _____ day of _____ 19____,
(client's full name)
do hereby voluntarily consent to the release of the following information by _____
(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 _____
_____ for the purpose of _____

_____ namely,

(extent or nature of information to be disclosed)

SECTION B - EXPIRATION/REVOCATION

(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

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	