

# YOUTH SPORTS VOLUNTEER APPLICATION



633D FORCE SUPPORT SQ  
45 NEALY AVE., STE. 215  
JBLE - LANGLEY AFB, VA

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**Volunteer Application**  
**JBLE - Langley AFB**

**Privacy Act Statement**

AUTHORITY: Title 10, United States Code, Section 8012; Title 44, United States Code, Section 3101; and Executive Order 9397.  
 PRINCIPAL PURPOSE: To determine whether or not applicants are qualified for a Youth Sports volunteer position.  
 ROUTINE USES: Information furnished may be disclosed to any DoD Component or part thereof, and upon request to other Federal, State, and local governmental agencies in the pursuit of their official duties. Also, it may be used for other lawful purposes including law enforcement and/or litigation. In addition, inform furnished may be disclosed to other agencies, league coaches, team parents and youth which the Youth Sports Director deems appropriate. The SSN is used for identification.  
 DISCLOSURE IS VOLUNTARY: Failure to provide information may preclude the individual from being accepted as a volunteer.

**Position**

COACH	TEAM PARENT	ADMINISTRATION	FIELD MAINTENANCE
ASST COACH	CONCESSIONS	OFFICIAL/REFEREE	OTHER: _____

**General Information**

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
*Last First MI Rank*

**Date of Birth:** \_\_\_\_\_ **Gender:** Male Female **Shirt Size:** S M L XL XXL  
*Day Month Year Circle One Circle One*

**Addresses**

<p><b>Home:</b> _____  <i>Street Address Apt #</i></p> <p>_____</p> <p><i>City State Zip</i></p> <p><b>Email:</b> _____</p> <p><b>Phone:</b> _____</p> <p><b>Cell:</b> _____</p>	<p><b>Work:</b> _____  <i>Organization Office Symbol</i></p> <p>_____</p> <p><i>Base</i></p> <p><b>Email:</b> _____</p> <p><b>Phone:</b> _____</p> <p><b>Cell:</b> _____</p>
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**References (Not Related)**

_____	_____	_____	_____
<i>Name</i>	<i>Relationship</i>	<i>Email Address</i>	<i>Telephone No.</i>
_____	_____	_____	_____
<i>Name</i>	<i>Relationship</i>	<i>Email Address</i>	<i>Telephone No.</i>

**Releases**

**MEDICAL RELEASE:** I hereby authorize emergency medical treatment for myself whenever it is deemed necessary at a U.S. Military Facility or any other medical facility when a U.S. Military Medical Facility is not available. **Initial** \_\_\_\_\_

**MEDIA/PHOTO RELEASE:** I hereby grant permission to Youth Programs, 633D Force Support Squadron, Joint Base Langley-Eustis, Air Combat Command, Department of the Air Force, and any contractors to use the afore mentioned volunteer's name and to record on videotape, photograph, or audiotape, your participation with Youth Sports. I further agree that any or all of the materials recorded shall be considered Air Force property and may be used, in any form, as part of any future production(s) made by or for the Air Force, and further, that such use shall be without payment of fees, royalties, special credit, or other consideration. **Initial** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Questionnaire**  
JBLE - Langley AFB

Name: \_\_\_\_\_  
*Last First MI Rank*

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1. What sport(s) are you interested in coaching? \_\_\_\_\_  
\_\_\_\_\_
2. Do you know the rules of the sport? \_\_\_\_\_  
\_\_\_\_\_
3. Do you have children of your own? If so, how old? \_\_\_\_\_  
\_\_\_\_\_
4. Do you have any experience coaching or teaching youth? \_\_\_\_\_  
\_\_\_\_\_
5. What is your coaching style or philosophy? \_\_\_\_\_  
\_\_\_\_\_
6. What type(s) of discipline do/would you use? \_\_\_\_\_  
\_\_\_\_\_
7. What do you consider your strengths? \_\_\_\_\_  
\_\_\_\_\_
8. What do you consider your weaknesses? \_\_\_\_\_  
\_\_\_\_\_
9. Why are you interested in volunteering, or what do you want to gain from this experience? \_\_\_\_\_  
\_\_\_\_\_
10. How much time are you able to volunteer? \_\_\_\_\_  
\_\_\_\_\_
11. List any formal training you have received in coaching. \_\_\_\_\_  
\_\_\_\_\_
12. List any formal training you have received in parenting and/or teaching children. \_\_\_\_\_  
\_\_\_\_\_
13. List any formal training you have received in CPR, first aid, or other similar training. \_\_\_\_\_  
\_\_\_\_\_
14. Do you have any questions or concerns about volunteering? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Coaches' Code of Ethics**  
JBLE - Langley AFB

Name: \_\_\_\_\_  
*Last First MI Rank*

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I hereby pledge to live up to my certification as a NYSCA Coach by following the NYSCA Coaches' 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 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 all of the skills that I teach.

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

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

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**DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS 633D AIR BASE WING  
JOINT BASE LANGLEY-EUSTIS VA**



MEMORANDUM FOR 633 MDOS/SGO (Family Advocacy)

\_\_\_\_\_  
(Date)

FROM: 633 FSS/FSXY (Youth Sports)

SUBJECT: Installation Records Checks

1. The individual listed below has applied for a volunteer, contract, family child care or paid position within Child and Youth Programs. In accordance with DoDI 1402.05 and AFI 34-144, the position is subject to a records review. An Installation Record Check (IRC) is required for individuals with DoD affiliation who work with children under 18 years of age. The IRC must include a records check with Alcohol and Drug Prevention and Treatment (ADAPT), Family Advocacy (Central Registry), and Security Forces (SFMIS).

APPLICANT'S NAME: \_\_\_\_\_ APPLICANT'S SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SPONSOR'S NAME: \_\_\_\_\_ SPONSOR'S SSN: \_\_\_\_\_

SPONSOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

2. Do your records indicate any reason why this individual should not perform duties involving children? If so, please provide details in the indorsement memo below.

3. Because applicants must have a favorably completed IRC before they can be appointed to a position, the IRC must be processed as quickly as possible. Any delays in this process could have an adverse effect on Child and Youth Programs (CYP).

4. If you have any questions, please do not hesitate to contact the undersigned by telephone at 757-225-9895 or e-mail at [margaret.senecal@us.af.mil](mailto:margaret.senecal@us.af.mil). Thank you for your assistance.

MARGARET S. SENECAL  
Director, Youth Sports & Fitness

1<sup>st</sup> Ind, 633 MDOS/SGOW

\_\_\_\_\_  
(Date)

MEMORANDUM FOR 633 FSS/FSXY (Youth Sports)

1. I certify a records check as required by DoDI 1402.05 and AFI 34-144 has been completed pertaining to the individual(s) named on the attached memorandum has(have) been completed and disclosed the following:

No record of applicant       Record on file

2. Information which may affect individual's suitability to work with children: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
PRINTED NAME/RANK: \_\_\_\_\_  
POSITION: \_\_\_\_\_