



# COACHING APPLICATION FORM



Name: \_\_\_\_\_ Phone Home: \_\_\_\_\_

Address: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell: \_\_\_\_\_

1. What is the sport for which you are applying to coach: \_\_\_\_\_  
Please note: The sport you have written in will be referred as this sport for the remaining of the questionnaire.

## COACHING BACKGROUND

2. Have you played this sport? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Number of years: \_\_\_\_\_

3. What other sport have you played?

Sport	Number of years played

4. Have you coached this sport before? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Number of years: \_\_\_\_\_

5. What other sport have you coached?

Sport	Sponsorship Agency	Age Level	Years coached

6. Have you ever had any formal training as a coach? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please explain in details: \_\_\_\_\_

7. Are you currently CPR and First Aid certified? Yes: \_\_\_\_\_ No: \_\_\_\_\_ You will need to provide copies of your CPR and First Aid cards. If you are not certified please get with me about a time to get certified.

## Columbus AFB Youth Sports Volunteer Job Description

A. **JOB TITLE:** Youth Sports Coach

B. **STAFF COORDINATOR:** Sports Director

C. **VOLUNTEER JOB SUMMARY:** The youth sports coach will teach the skills and fundamentals of a sport, develop team play, teach character counts, and encourage all players to enjoy and participate in athletic endeavors.

D. **RESPONSIBILITIES:**

1. Teach the proper skills needed to participate in the sport.
2. Teach the fundamentals of rules, strategies and procedures.
3. Work with each athlete on the team from the most highly skilled to the least skilled. All players are given equal attention.
4. Teach six points of character counts: trustworthiness, respect, responsibility, fairness, caring, and citizenship.
5. Officiate during appointed games.
6. Be present at all practices and games at least 15 minutes before the scheduled starting time. If a coach cannot be present, he/she must appoint an adult to take his/her place. The coach must also inform the Youth Sports Director.
7. Keep players and parents informed of all practice and/or game times and any changes in the schedule.
8. Ensure that equipment and facilities meet safety standards and are appropriate to the size, age, and ability of the players.
9. Keep winning in perspective. Never ridicule or yell at children for making mistakes or losing a game.
10. Become thoroughly familiar with the rules and fundamentals of the sport.
11. Be responsible in demands placed upon young athletes' time, energy and enthusiasm.
12. Function only within limits of your volunteer status. You may not remove players from the team; exchange players between teams; make exceptions to age requirements; allow unregistered players to participate; promise parents that their child will play on your team; or schedule competitions with off-base teams without approval of the Youth Sports Director.

Print Name \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS 14TH FLYING TRAINING WING  
COLUMBUS AIR FORCE BASE MISSISSIPPI

MEMORANDUM FOR 14 SFS/S5R

FROM: 14 FSS/FSFY

SUBJECT: Local Records Check

1. The individual named below has applied for a position with the Youth Center of Columbus Air Force Base, Mississippi. In accordance with Public Law 101-647, the position is subject to background checks. This check must include a local record check with Security Forces and through NCIC. Do your records indicate any reason why this individual should not perform duties involving children? If so, please provide details in the comment section of the first endorsement.

2. If you have any questions, please do not hesitate to contact our office at 434-2503.

APPLICANT'S NAME:

ADDRESS:

DOB:

SSN:

SPONSOR'S NAME:

SPONSOR'S SSN:

KAYLINE HAMILTON, GS-09, DAF  
Director, Youth Programs

Attachment:

Release Statement

1

1st Ind, 14 FSS/FSFY, Local Record Checks

14 FSS/FSFY

MEMORANDUM FOR 14 SFS/S5R

1. I certify that a check of all records pertaining to the above individual has been completed and disclosed the following:

Our record checks on the above individual, indicates there **is** derogatory information in this individual's file.

Our records check on the above individual indicates there **is no** derogatory information in this individual's file.

No record of individual could be found.

2. Comments:

MICHELLE E. CARDENAS, SSgt, USAF  
NCOIC, Reports and Analysis

REQUEST FOR INSTALLATION RECORDS CHECK (IRC)  
Medical Treatment Facility Records

Name of Requesting Agency: Columbus AFB Youth Center

POC at Requesting Agency: Kayline Hamilton, Sr. Duty Phone: 434-2503

1. It is AF policy that Non-Appropriated Fund (NAF) employees and all volunteers working with or Near children under 18 years of age must have an IRC. The following individual is being considered For either employment or a volunteer position in a DoD-sanctioned activity:

- a. APPLICANTS NAME:
- b. APPLICANT SSN:
- c. APPLICANT DATE OF BIRTH:
- d. PROSPECTIVE POSITION:
- e.
- f. NAME OF MILITARY SPONSOR:
- g. SSN OF MILITARY SPONSOR:
- h. CURRENT ADDRESS:

2. The Privacy Act protects the information in this letter. AF personnel (military or civilian) must Conduct this IRC. Information contained herein should be protected as sensitive medical Information.

3. The applicant and applicant's sponsor acknowledge that both of the social security number Provided above will be submitted for an AF Central Registry check to verify the applicant has no Documented history of perpetrating child maltreatment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Sponsor

\_\_\_\_\_  
Date

4. **For Family Advocacy Program** – A Medical Facility Records Check of AHLTA, Mental Health Records And Family Advocacy Program Records, to include an AF Central Registry check reveals:

\_\_\_\_\_ No pertinent information exists

\_\_\_\_\_ Information exists that requires review

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name & Position of FAO Official

\_\_\_\_\_  
Signature



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS 14TH FLYING TRAINING WING  
COLUMBUS AIR FORCE BASE MISSISSIPPI

MEMORANDUM FOR Mississippi Department of Human Services  
Division of Family & Children Services  
Child Abuse Central Registry  
Jackson MS 39205

FROM: Kayline Hamilton  
14 FSS/FSFY (Columbus AFB Youth Center)  
386 Imes Street, Bldg 348  
Columbus AFB MS 39710

(Printed) Applicant's Full Name (list maiden name & list any aliases)

\_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physical Address: \_\_\_\_\_

By signing this form, I give the above named agency permission to request an MDHS Child Abuse/Neglect Central Registry background check. I understand that this information will be used only for employment purposes and will not be re-disseminated to other persons or used for other purposes.

\_\_\_\_\_ Date: \_\_\_\_\_  
Applicant signature

I have witnessed the applicant's signature and the information is true and attested by my viewing of the applicant's Social Security card and Drivers License. I understand that this information must be kept confidential with my agency.

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_  
(Witness must be a representative of the requesting agency)

.....  
This section to be completed by MDHS Office

\_\_\_\_\_ No identifying information was found in the Central Registry  
\_\_\_\_\_ The following information was found in the Central Registry

\_\_\_\_\_  
\_\_\_\_\_  
Signature of MDHS Representative \_\_\_\_\_ Date \_\_\_\_\_

# Reference Background-Checks For

\_\_\_\_\_  
Applicant Name

*One of your references must be a former supervisor. Please fill in all red areas.*

**\*\*\*If possible, provide an email addresses – this is the most convenient means of contacting someone\*\*\***

## Reference # 1

\_\_\_\_\_  
Last                      First                      MI                      Email Address                      Phone

Relationship to applicant:                      Friend                      Relative                      Co-worker  
Please circle one  
Supervisor                      Others

For office use only

Dated Called \_\_\_\_\_ Staff who made the call \_\_\_\_\_

## Reference # 2

\_\_\_\_\_  
Last                      First                      MI                      Email Address                      Work Phone

Relationship to applicant:                      Friend                      Relative                      Co-worker  
Please circle one  
Supervisor                      Others

For office use only

Dated Called \_\_\_\_\_ Staff who made the call \_\_\_\_\_

ACKNOWLEDGMENT OF RIGHTS  
AND  
CONSENT TO RELEASE RECORDS

AUTHORITY: 42 U.S.C. 13041 AND 10 U.S.C. 8013

PRINCIPLE PURPOSE: To comply with Public Law 101-647, Section 231, and DoDI 1402.5, Criminal History Background Checks on Individuals in Child Care Services.

DISCLOSURE: Mandatory. In the case of an applicant for employment in a position involved with children under the age of 18, refusal to sign this form shall result in the employer's refusal to consider the application for employment. In the case of an incumbent of a position involved with children under the age of 18, refusal to sign this form shall result in removal from such position.

EMPLOYEE ACKNOWLEDGMENT

1. I have been advised and understand that the United States Air Force, as a Federal employer, has an obligation to require a record check as a condition of my employment in a position involved with children under the age of 18. I have been further advised that I have a right to obtain a copy of any criminal history report made available to such employer or potential employer and to challenge the accuracy and completeness of any information in such report.

2. I understand that the record check will include the following:

a. A State Criminal Repository Check in the state where I currently reside and in the states where I have formally resided;

b. A National Crime Information Center Check which includes the national FBI database.

c. An Installation Records Check at all installations I have identified as residences during the preceding two years. This records check will include, as a minimum, inquiries of the Security Police, Medical Treatment Facility, the Family Housing Office, the Social Actions Office, and the Family Advocacy Office, and

d. A National Agency Check with inquiries, including Federal Bureau of investigation fingerprint check.

3. I hereby authorize any Federal, State, or Local Agency or Office to release any records relating to me which are necessary to complete the record checks described above.

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

TYPE OR PRINT NAME: \_\_\_\_\_

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



**AIR FORCE CHILD AND YOUTH PROGRAMS  
POSITIVE GUIDANCE AND APPROPRIATE TOUCH INSTRUCTIONAL GUIDE**

September 2013

1. **TRAINING OBJECTIVE:** To assist Child and Youth Programs (CYP) personnel (CYP staff and managers, Family Child Care (FCC) providers and coordinators, contract workers and volunteers) in building relationships with children/youth through appropriate adult-to-child interactions.

2. **PURPOSE:** To outline appropriate adult-to-child interactions in CYP.

I have received training and understand I must follow the requirements outlined in the Air Force Child and Youth Programs Positive Guidance and Appropriate Touch Instructional Guide. I will receive annual training on positive guidance and appropriate touch. All training will be documented on the AF Form 1098, *Special Task Certification and Recurring Training*.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**AIR FORCE CHILD AND YOUTH PROGRAMS  
TOPICAL APPLICATION ADMINISTRATION INSTRUCTIONAL GUIDE**

September 2013

1. **TRAINING OBJECTIVE:** To assist CYP personnel (CYP staff and Family Child Care (FCC) providers) in understanding their roles and responsibilities in topical application administration.

2. **PURPOSE:** To provide standardized procedures and guidelines on applying sunscreens, lip balms, hand lotions, non-prescribed diaper ointments/creams, insect repellants, and hand sanitizers.

I have received training and understand I must follow the requirements outlined in the Air Force Child and Youth Programs Topical Administration Application Instructional Guide. I will receive annual training on administering topicals. All training will be documented on the AF Form 1098, *Special Task Certification and Recurring Training*.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



## **Coaches Code of Ethics**

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.

© National Alliance For Youth Sports

*Print first and last name* \_\_\_\_\_

*Signature* \_\_\_\_\_



## AIR FORCE CHILD AND YOUTH PROGRAMS POSITIVE GUIDANCE AND APPROPRIATE TOUCH INSTRUCTIONAL GUIDE

September 2013

1. **TRAINING OBJECTIVE:** To assist Child and Youth Programs (CYP) personnel (CYP staff and managers, Family Child Care (FCC) providers and coordinators, contract workers and volunteers) in building relationships with children/youth through appropriate adult-to-child interactions.
2. **PURPOSE:** To outline appropriate adult-to-child interactions in CYP.
3. **OVERVIEW:**
  - a. Children/youth need guidance from adults to keep them safe, encourage development of self-control, self-reliance and respect for the rights of others. These skills are crucial to their future success as adults. Guidance of child/youth behavior is ongoing and requires skill and patience.
  - b. For guidance to be most successful, it needs to occur in the context of a caring and supportive relationship. It's important that the CYP personnel get to know and understand the child/youth's typical behavior. Effective guidance takes place when children/youth know and trust adults caring for them and the adults show children/youth their concern for them is unconditional.
  - c. CYP personnel must recognize children/youth as individuals and respect differing abilities, temperaments, activity levels, and developmental characteristics. No one specific guidance technique will work for every situation; therefore approaches will need to be adapted for each child/youth.
  - d. Touch is as necessary as food or water for children/youth to thrive and grow physically, cognitively, socially, and emotionally. Appropriate touch respects the personal privacy and space of children/youth; is nurturing (hugs, giving high-fives, etc.); keeps children/youth safe (separating physically conflicting children/youth, examining cuts/bruises/unusual marks, administering first aid to injuries); and assists with hygiene (face and hand washing, diaper changing, etc.). Remember, the age and individual needs and preferences of the child/youth should always be considered when determining if a touch is appropriate.
  - e. All CYP personnel must receive training on positive guidance techniques and appropriate touch and sign a written statement of understanding during New Employee/Provider Orientation. Annually thereafter, CYP personnel must receive training on positive guidance techniques and appropriate touch. All training is documented on the AF Form 1098, *Special Task Certification and Recurring Training*.

- f. Incidents of inappropriate guidance/touch are reported, using the *AF CYP Reportable Incidents Report Form*, to the Flight Chief, Family Advocacy, Squadron Commander/Director, Major Command Specialist/Installation Support Division, Air Force Personnel Center Directorate of Services Child and Youth Programs, and Headquarters United States Air Force Child and Youth Programs within 24 hours of occurrence.

#### 4. APPROPRIATE GUIDANCE TECHNIQUES:

- a. **Consider Possible Reasons for Behaviors:** Behaviors are a form of communication. Due to the limited language and experiences of a child/youth, sometimes their actions speak louder than words. Avoid blaming the child/youth for the challenging behavior and look to identify the root cause of the behavior.
- b. **Listening:** An important element of communication is the ability to listen to the messages a child/youth is telling us. Adults should not only listen with their ears, but also “listen” with their eyes. Focus on body language, tone of voice, facial expressions, etc. to truly understand what children/youth are trying to communicate.
- c. **Understanding Development:** Knowing what to expect developmentally for children/youth helps to ensure adult expectations are appropriate. Knowing the ages of stages of child/youth growth and development helps adults ensure that they offer children activities and materials that are stimulating rather than frustrating. Children/youth gain competence and confidence in mastering tasks and facing challenges.
- d. **Providing Opportunities for Choices:** When appropriate, provide choices rather than directions to children/youth. Remember the developmental age of the child/youth when offering choices. Older children/youth do better with more open-ended choices (ex: “What would you like to do today?”), while younger children may need limited choices. (Ex: “It’s cold outside. Do you want to wear your sweater or your jacket?”)
- e. **Establishing Limits and Rules:** Create realistic and developmentally appropriate limits and rules which focus on taking care of “self, others and the environment and materials.” Involve children/youth in the development of rules and limits and communicate them clearly. Consider posting rules or scheduling a time to discuss/remind children/youth. Older youth and teens need clear limits with consequences other than expulsion. Youth and families should receive a copy of the program’s written code of conduct to ensure their understanding of expectations.
- f. **Anticipating and Preventing Challenging Behaviors:** Plan environments, activities, and projects based on the foundation of child/youth development. Use visual cues such as a schedule, sign-up sheet, rebus cards or pictures to reinforce expectations. Anticipate how children/youth may respond to certain stimuli or situations. Plan ahead to prevent problems.

- g. **Indirect Guidance:** Indirect guidance allows children/youth to know what the expectations are without a great deal of direction from adults. For example, if children/youth are given the opportunity to work the CD player, is there a way for them to know what an acceptable volume is? By simply marking a red line on the volume control, children/youth have a visual reminder about what is an acceptable volume.
- h. **Reinforcement:** Reinforce positive behavior using encouraging words. Be specific in your reinforcement and explain what the child/youth has done (ex. “You did a good job rearranging all of the art supplies. I really appreciate that you took the time organize the area.”) These words describe the actions the adult is praising instead of simply saying “Good job.”
- i. **Redirection:** Redirection is used to get a child/youth to “redirect” his/her thoughts or actions into a more appropriate activity. “You can run while you are on the playground. Do you want me to put some music on so you can dance?” “The locator board tells us the playground is full. I will keep my eye on the board and let you know when there is an open space. While you are waiting, there is a great cooking activity going on in the cafe.”
- j. **Intentional Environments:** The learning environment is an important and powerful teaching tool. If the environment is set up with the knowledge of how children/youth learn and develop, it can positively support teaching and learning. Staff/providers observing challenging behaviors should consider how the daily schedule, transitions, room arrangement or materials may be contributing factors.
- k. **Logical and Natural Consequences:** Consequences are positive or negative outcomes of an action. Natural consequences occur on their own. They are not controlled or manipulated by anyone, they simply just happen. For example: A child or youth who does not eat lunch is hungry later. Logical consequences are situations engineered by the person in authority and they are logically connected to the wrong. It is logical because it "fits" the offense. For example: If a child spills paint, it is not logical for him or her to have to leave the art area or to be lectured. These responses lack a follow-on connection to the occurrence. Cleaning the floor and refilling the container are both logical and educational. Children/youth that experience natural and logical consequences develop self-discipline and inner strength. They also learn to respect order because they see that following rules leads to better living as opposed to being in fear of punishment.
- l. **Conflict Resolution:** Conflict resolution is a time to find solutions, understand each person’s perspective and share feelings. It is not an opportunity to have one person win and the other lose. Conflict resolution is a very effective guidance tool because it allows children/youth to practice negotiation, compromise, listening skills, empathy, self-calming techniques and assertiveness without aggression.

- m. **Providing Language to Identify Expressions of Emotions:** One of the most important social/emotional development skills we can teach is helping a child/youth move from physical reactions to verbal responses that communicate their feelings/needs. They must be able to connect and communicate with others in order to be successful in current and future relationships. Younger children might have difficulty identifying a feeling and may benefit from prompting or exploring feelings. (Ex. Does that make you feel sad?)
- n. **Modeling Prosocial Behaviors:** CYP personnel promote prosocial behavior by interacting in a respectful manner with children/youth, families, and co-workers. Examples include: discussing behavioral challenges privately, ensuring each child/youth has the opportunity to contribute to the group, building a classroom/home community, assisting children/youth in conflict and countering bullying behaviors.
- o. **Be in Control without Being Overly Controlling:** Consistency is very important; however, it is equally important to have flexibility. Once in a while, it is OK to give in about the small stuff, provided that it is not something dangerous. For example, teens passionately expressing their opinion about procedures in the program, even when they are not the opinions of the adults, could result in a life skill regarding compromise and respecting differences. Drug and alcohol use, on the other hand, are non-negotiable. Know that sometimes the best response is to ignore a behavior.
- p. **Restraint:** As a last resort, restraint is used ONLY when children/youth are endangering themselves and/or others. Restraining a child/youth requires careful action by CYP personnel and should only be used when a child is unresponsive to all other guidance techniques. The intent of restraining is to keep a child/youth safe and to assist with calming the behaviors. It is critical for the CYP personnel to remain calm, use a soothing tone of voice, know when to call for assistance and ensure the child is not hurt.

##### 5. INAPPROPRIATE GUIDANCE TECHNIQUES:

- a. CYP personnel never use threats or derogatory remarks about children/youth or their families.
- b. At all times, children/youth should be free from criticism, repression and punishment. Therefore, the following techniques are unacceptable for use by any adult (including parents) in CYP. NOTE: This list is not all-inclusive. Remember, any act that risks harming a child/youth physically or psychologically is not permitted in CYP.
  - Spanking, slapping, biting, hitting, pinching, yanking, shoving, shaking, pulling hair or any other form of physical abuse
  - Threats, name-calling, sarcasm, belittling, teasing or any other form of verbal abuse
  - Isolation away from adult contact/sight
  - Confinement in closets, boxes or similar places
  - Binding to restrain movement of mouth or limbs
  - Withholding or forcing meals, snacks, toileting, outdoor play experiences or rest time
  - Allowing children/youth to remain in soiled or wet clothing



- Intimidating a child with facial expression, tone of voice or a physical presence (ex. standing over them, finger pointing)
- Touching children/youth in uncomfortable or inappropriate ways, such as: tickling, kissing, forced goodbye hugs/kisses, fondling or touching genitals (except when necessary to clean a child who has soiled himself/herself)
- Coercion or other forms of exploitation of a child's lack of knowledge

**6. BEHAVIOR SUPPORT PLANS:**

- a. It might be time to consider a behavior support plan when children/youth display behaviors that are consistent, intense and/or put themselves or others at risk. The plan should include a mix of strategies which build relationships between the child/youth, staff and family, reduces the need for conflict, and teaches them to be successful in their relationships with others.
- b. A behavior support plan should be developed with the understanding that adults (including parents/guardians) in the life of the child/youth recognize the individual needs and challenges of the child/youth and are going to provide support and understanding to assist in their development of social and emotional skills. There will need to be changes and compromises in order for a plan to be effective. In addition, everyone will have to be accountable for trying new things. A good plan outlines everyone's responsibilities and provides the time for change to occur.
- c. CYP Managers and Training & Curriculum (T&C) Specialists support staff/providers, parents and children/youth by increasing observations, debriefs, and parent conferences to facilitate successful implementation of the plan, processes and strategies. Managers and T&Cs also play an essential role in obtaining outside resources to provide additional support such as the Military Family Life Consultant (MFLC), Kids Included Together (KIT), School Liaison Officers (SLO), Exceptional Family Member Program (EFMP) Coordinators and installation CYP Medical Advisor.

I have received training and understand I must follow the requirements outlined in the Air Force Child and Youth Programs Positive Guidance and Appropriate Touch Instructional Guide. I will receive annual training on positive guidance and appropriate touch. All training will be documented on the AF Form 1098, *Special Task Certification and Recurring Training*.

---

Printed Name

---

Date

---

Signature

COLUMBUS AIR FORCE BASE  
YOUTH PROGRAMS

CHILD ABUSE, APPROPRIATE TOUCH, POSITIVE  
DISCIPLINE & GUIDANCE PROCEDURES

I have received Child, Abuse, Appropriate Touch, a Positive Discipline & Guidance Procedures and Policies. I understand these Columbus Air Force Base policy and procedures and I understand that I must abide by them. Failure to do so could result in dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Training & Curriculum Specialist

\_\_\_\_\_  
Date



COLUMBUS AIR FORCE BASE  
CHILD ABUSE, DRUGS, AND ALCOHOL  
STATEMENT

All staff, contract instructors, and custodial workers are required to sign a statement indicating whether or not they have been arrested or convicted of any crime involving children, drugs, or alcohol. Please read each statement below carefully and circle the appropriate answer. Then please sign and date indicating your response.

I HAVE/HAVE NOT been arrested or convicted of any crime involving children.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I HAVE/HAVE NOT been arrested or convicted of any crime involving drugs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I HAVE/HAVE NOT been arrested or convicted of any crime involving alcohol.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Training & Curriculum Specialist

\_\_\_\_\_  
Date

Columbus Air Force Base Youth Center  
**Adult Code of Ethical Conduct**

As an employee in an Air Force Youth Program, you have the responsibility of representing the Columbus Youth Center Program to the public. As an adult working with youth, you have the responsibility to be a positive role model for youth and partner with other adults to ensure youth participate in a positive manner.

To do that you will need to:

1. See that you and your coworkers adhere to the schedule of events as developed by others and yourself.
2. Follow and have your coworkers follow the established staff guidelines and rules in the Youth Center Staff Handbook.
3. Dress in a manner reflecting your leadership role with the Columbus Youth Center. (You must wear your uniform shirt and name tag)
4. Act as a model for your activity participants including using appropriate language. No slang.
5. Be in your assigned area at all times.
6. You will need to refrain from the use of illegal drugs, alcohol, tobacco, and fireworks. Use of these substances is prohibited at all Youth Center events and on Youth Center grounds.
7. Model respect for your Youth Center participants, other persons and activity personnel.
8. Refrain from participating in gossip or spreading of rumors.
9. Maintain confidentiality – refrain from sharing information with those who do not have a “need to know.” Any information received as a privilege of working at the Youth Center is considered confidential.
10. Instruct youth and coworkers to treat program areas, youth center, outdoor areas, and transportation vehicles with respect and care. Incidents of damage, theft, or misconduct will be investigated by the Youth Center Director designee.
11. Help all participants in your group have a pleasant experience by making every attempt to include all participants in all activities.
12. You are responsible for the youth participants to whom you are assigned. You should know where they are and what they are doing at all times and know that they are supervised by an adult.

Those who find themselves unable to conduct themselves within the guidelines listed above may expect:

1. To meet with supervisor or designee and/or others to be notified of actions to be taken.

*I have read the Youth Center Code of Ethical Conduct and agree to live up to the expectations established in the code.*

\_\_\_\_\_  
Adult Signature

\_\_\_\_\_  
Date of Signature

AF FORM 20-40 PREVIOUS EDITION IS OBSOLETE.  
SEP 78

NAME (Last, First, Middle Initial)			SSAN			DATE		
ADDRESS (Include ZIP Code)				HOME TELEPHONE NO.		DATE OF BIRTH		SEX
								FEMALE
								MALE
MARITAL STATUS		EDUCATION (Highest grade completed)		OCCUPATION (Employer/School)			BUSINESS TELEPHONE NO.	
SINGLE	WIDOWED							
MARRIED	DIVORCED							
PARENTS OR GUARDIAN (Name and address. Include ZIP Code)				HOME TELEPHONE NO.		BUSINESS TELEPHONE NO.		
REMARKS								
I, the undersigned, desire to volunteer my services to the MWR program at _____ I expressly agree that such services are offered at no cost to the US Government or any instrumentality thereof. I expect no present or future compensation as a result of the services to be performed by myself. I understand that the performance of services entitle me to no compensation, either in pay or benefits, and I agree that I shall not present any claims against the United States or any agency, instrumentality, or employee thereof.								
SIGNATURE OF VOLUNTEER								
DATE			ACCEPTED BY (Signature)					

MWR VOLUNTEER PERSONAL DATA (THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - See Rewrite)

**AUTHORITY:** 10 U.S.C. 8012; 44 U.S.C. 3101; and EO 9397.  
**PRINCIPAL PURPOSE:** To identify volunteers in MWR programs.  
**ROUTINE USES:** To maintain a record of volunteers, their hours worked for recognition purposes, and of the compensation release statement. 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. The SSAN is used for identification.  
**DISCLOSURE IS VOLUNTARY:** Failure to provide the information and SSAN may preclude the individual from being accepted as a volunteer.

DATE OF EVENT	HOURS	DATE OF EVENT	HOURS	DATE OF EVENT	HOURS	DATE OF EVENT	HOURS	DATE OF EVENT	HOURS