

**E2. ENCLOSURE 2**

**SCHOOL VOLUNTEER APPLICATION**

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PRIVACY ACT STATEMENT**

**AUTHORITY:** Section 113 of title 10 (Secretary of Defense), section 13041 of title 42 USC 13041 (Crime Control Act of 1990), and section 552a of title 5 (Privacy Act) of the United States Code, and E.O. 9397 (SSN) authorize the collection of this information.  
**PRINCIPAL PURPOSE:** To obtain information to determine applicant suitability for acceptance as a DoDDEA volunteer.  
**ROUTINE USE:** Disclosures of the Social Security Number and other personal information within the Department of Defense are authorized upon a demonstrated "need to know" to perform an official duty, including, but not limited to: (1) DoD attorneys rendering advice and assistance, and (2) DoD law enforcement or security activities concerning a law enforcement or security investigation. Other routine disclosures of relevant and necessary information are authorized to agencies outside of the DoD by DoDDEA and DoD Privacy Act Systems Notices, and by government-wide systems notices which may be found at <http://www.defenselink.mil/privacy/noticeofdisclosure/>.  
**DISCLOSURE:** VOLUNTARY. Failure to disclose the information may delay or render an individual unable to participate in the volunteer program

**Instruction:** Provide complete information. Only completed applications can be considered.

<b>NAME:</b>		<input type="text"/>		<b>SSN:</b>	<input type="text"/>
<b>SPONSOR'S NAME:</b>		<input type="text"/>		<b>SSN:</b>	<input type="text"/>
<b>MAILING ADDRESS:</b>			<b>HOUSE ADDRESS:</b>		
<input type="text"/>			<input type="text"/>		
<input type="text"/>			<input type="text"/>		
<input type="text"/>			<input type="text"/>		
<b>Home telephone: (Area code first)</b>			<b>Duty telephone: (Area code first)</b>		
<input type="text"/>			<input type="text"/>		
<b>Facsimile number: (Area code first)</b>			<b>E-mail Address:</b>		
<input type="text"/>			<input type="text"/>		
<b>List the school (s) where you are applying as a volunteer:</b>					
1. <input type="text"/>					
2. <input type="text"/>					
3. <input type="text"/>					

Check all services for which you are interested in volunteering:

<input type="checkbox"/> Classroom Activities	<input type="checkbox"/> Field Trips (Over night)
<input type="checkbox"/> Lunchroom Monitor	<input type="checkbox"/> Extracurricular Activities
<input type="checkbox"/> Bus Monitor	<input type="checkbox"/> Athletic Coaching
<input type="checkbox"/> Playground Supervision	<input type="checkbox"/> Chapertone for Student Field Trips
<input type="checkbox"/> Library Media Center	<input type="checkbox"/> Tutoring
<input type="checkbox"/> Field Trips (Day)	
<input type="checkbox"/> Other (Please specify all others)	

Complete the following questionnaire. If you answer yes, provide information requested in the space provided. If additional space is needed to answer a question, use a blank piece of paper with your name and SSN noted at the top of the page.

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Question	YES	NO
1. Do you have a child/children in the school(s) where you wish to volunteer? What Grade level(s)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have experience as a school volunteer? Describe your past experiences.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been removed from a school volunteer position? Describe the circumstances.	<input type="checkbox"/>	<input type="checkbox"/>
4. Can you provide a character reference? Give the name and telephone number.	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been arrested for, charged with, or convicted of a crime involving a child? If "Yes," state the disposition of the arrest charge.	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been asked to resign from a job because of, or been decertified for a sexual offense? Describe the circumstances.	<input type="checkbox"/>	<input type="checkbox"/>
<u>Pre-Selection Agreement</u>		
<p>If selected for a school volunteer position, I agree to immediately notify the Principal of the school of any subsequent adverse information regarding myself that would indicate poor judgment, unreliability, or untrustworthiness in working with children.</p> <p style="text-align: center;"><u>Certification that My Answers Are True</u></p> <p>My statements on this form, and any attachments to it, are true, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form may result in denial of selection for or termination of volunteer services, and possible law enforcement referral as appropriate.</p>		
<p>Signature _____ Date _____</p> <p>DODDEA Form 4700.3-F1, (Back) May 2006</p>		

B5. ENCLOSURE 5

RECORD OF FINAL DETERMINATION

Based on review of the background check noted below, a favorable/unfavorable (circle one) determination has been made on the following individual for a Specified School Volunteer/Student Teacher (circle one) position:

Name:

SSN:

Type of Background Check:

Date of Background Check:

Principal \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_

Attachment(s):