

E2. ENCLOSURE 2SCHOOL VOLUNTEER APPLICATION

SCHOOL VOLUNTEER APPLICATION	
PRIVACY ACT STATEMENT	
<p>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.</p> <p>PRINCIPAL PURPOSE: To obtain information to determine applicant suitability for acceptance as a DoDEA volunteer.</p> <p>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 DoDEA and DoD Privacy Act Systems Notices, and by government-wide systems notices which may be found at http://www.defenselink.mil/privacy/notices/osd/.</p> <p>DISCLOSURE: <u>VOLUNTARY</u>. Failure to disclose the information may delay or render an individual unable to participate in the volunteer program</p>	
Instruction: Provide complete information. Only completed applications can be considered.	
NAME:	SSN:
SPONSOR'S NAME:	SSN:
MAILING ADDRESS:	HOUSE ADDRESS:
Home telephone: (Area code first)	Duty telephone: (Area code first)
Facsimile number: (Area code first)	E mail Address:
List the school (s) where you are applying as a volunteer:	
1. _____	
2. _____	
3. _____	
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"/> Chaperone 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)?		
2. Do you have experience as a school volunteer? Describe your past experiences.		
3. Have you ever been removed from a school volunteer position? Describe the circumstances.		
4. Can you provide a character reference? Give the name and telephone number.		
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.		
6. Have you ever been asked to resign from a job because of, or been decertified for a sexual offense? Describe the circumstances.		
<u>Pre-Selection Agreement</u> 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.		
<u>Certification that My Answers Are True</u> 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. Signature _____ Date _____		



UNITED STATES MARINE CORPS
PROVOST MARSHAL'S OFFICE
PO BOX 20004
MARINE CORPS BASE
CAMP LEJEUNE, NORTH CAROLINA 28542-0004

5370
 (Date) _____

From: Authorized Official, DoDEA\DDESS\NC District-Camp Lejeune Dependents Schools
 To: Provost Marshal, Marine Corps Base, Camp Lejeune

Subj: REQUEST FOR BACKGROUND CHECK

Ref: BO 5370.4F

1. Pursuant to the reference, a background check utilizing locally held and locally available records or if appropriate records held at a previous command, is requested in the case of (PRINT NAME CLEARLY) _____, SSN _____. The applicant's duties () will () will not include operating a motor vehicle.

2. I am aware of the provisions of the Privacy Act 1974 at Title 5 CCS Code Section 552 and the personal nature of the information requested above. I hereby authorize the release of this information directly to the requester and to such other officers and persons having a need to know in the discharge of their official duties.

Applicant's Address:

Phone: _____

Applicant's Signature: _____

From: Provost Marshal Office
 To: Base Military Personnel Office

1. The requested background revealed the following information: