

DIRECTORATE OF COMMUNITY ACTIVITIES
VOLUNTEER SERVICE BRANCH

Release of Information For Background Clearance of Volunteer
Applicants Providing Service to Child/Youth oriented programs

AUTHORITY: 608-18

PRINCIPAL PURPOSE: In accordance with AR 608-18, The Army Family Advocacy Program, para 3-4b; AR 215-1, para 14, Administration of MWR Activities and NAFIs; and AR 215-3, para 2-9, NAF and Related Activities Personnel Policies and Procedures, Volunteer Services Branch has permission to obtain information from the following Fort Hood and state agencies for the purpose of completing the background clearance screening procedures required to volunteer in Army Community Service, Child Development Service and Youth Services.

- Army Central Registry (MEDDAC-SWS)
- Alcohol & Drug Abuse Prevention and Control Program (DCA-ADAPCP)
- Criminal Investigation Division (CID)
- Provost Marshal Office (PM LAW ENF BR-MP INVESTIGATIONS)
- Provost Marshal Office (PMO LAW ENF BR-CIVIL POLICE LIAISON)
- Sponsor's Unit Commander
- Killeen Police Dept.
- Bell County Sheriff's Office
- Coryell County Sheriff's Office
- Harker Heights Police Department
- Copperas Cove Police Department
- Texas Department of Protective and Regulatory Services

ROUTINE USES: This information will be used to process an application for volunteer service and not be released to other individuals or agencies outside of DOD.

DISCLOSURE: Disclosure of information on this waiver or within the application is voluntary; however, failure to provide information on the application or failure to allow release of information will cause application to be rejected.

ADULT VOLUNTEER FORM

****PLEASE PRINT****

Applicant Name: _____ SSN: _____ DOB: _____

Home Address: _____ Phone #: _____

City, State, Zip: _____

Vol's Unit(if applicable): _____ Unit Phone#: _____

Vol's Rank (if applicable): _____

Maiden Name(Female): _____ Other Names: _____

Spouse's Name: _____ Rank: _____ Unit: _____

Vol Signature _____ Date _____

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PARENTS CONSENT FORM

****PLEASE PRINT****

Applicant Name: _____ SSN: _____ DOB: _____

Home Address: _____ Phone #: _____

City, State, Zip: _____

Other Names: _____

Active Duty Parents Name: _____

Rank (if applicable): _____ Unit: _____ Unit Phone: _____

Vol. Signature _____

Parent's Signature _____ Date _____