

Please fill out this packet if you have never coached with Kadena Youth Sports before and you are affiliated with Air Force or Army or are a Civilian.

Attached are two reference forms to be filled out by two of the three references that you will list on your application.

When you return your application please provide a copy of your CPR and First Aid. If you do not have CPR and/or First Aid we can sign you up for classes.

Please note that we need all of these forms for your application to be considered complete and to be processed.

If you have any questions you can call Kadena Youth Sports and Fitness at 634-1384.



# Kadena Youth Sports and Fitness



## Volunteer Coaching Application

**PLEASE PRINT CLEARLY**

Current Season Applying For: \_\_\_\_\_

Did you coach this sport with Kadena Youth Sports & Fitness during the previous season? \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address \_\_\_\_\_ APO/FPO \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Duty Phone \_\_\_\_\_

Primary E-Mail Address \_\_\_\_\_ Alternate: \_\_\_\_\_

Branch of Service: Air Force \_\_\_\_\_ Navy \_\_\_\_\_ Marine \_\_\_\_\_  
Army \_\_\_\_\_ Other \_\_\_\_\_ Dep \_\_\_\_\_

Rank: \_\_\_\_\_ Office Symbol (if applicable): \_\_\_\_\_ Unit: \_\_\_\_\_

Coaching Position Requested: Head \_\_\_\_\_ Assistant \_\_\_\_\_

Age Division Requesting: (Please Circle One) 5-6 7-8 9-10 11-12 13-15 16-18

Have you previously coached with Kadena Youth Sports & Fitness other than for the sport in which you are currently applying? \_\_\_\_\_

Do you have a Head/Assistant Coach with whom you would like to coach with if possible? \_\_\_\_\_

Are there any nights on which you CAN NOT practice? Yes/No please write here \_\_\_\_\_

Do you have a child playing in the age division that you are requesting to coach? Yes/No

Child's Name (First/Last): \_\_\_\_\_

References: List three (3) references not related.

NAME ADDRESS PHONE NUMBER E-MAIL

NAME ADDRESS PHONE NUMBER E-MAIL

NAME ADDRESS PHONE NUMBER E-MAIL

Have you ever been arrested, charged, or convicted of a crime? \_\_\_\_\_ If yes, please explain the details:

\_\_\_\_\_



# Kadena Youth Sports and Fitness



Have you ever been involved in an incident involving child abuse or neglect? \_\_\_\_\_ If yes, explain details:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever, or do you currently have a problem with drugs and/or alcohol? \_\_\_\_\_ If yes, explain details:

\_\_\_\_\_  
\_\_\_\_\_

What experience do you have working with children? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List sports you have coached:

type of sport	organization/league	number of seasons	age divisions
type of sport	organization/league	number of seasons	age divisions
type of sport	organization/league	number of seasons	age divisions

List any formal training you have received in coaching: \_\_\_\_\_

List any formal training you have received in first aid or CPR: \_\_\_\_\_

I acknowledge that the information I provided is true and accurate:

\_\_\_\_\_

Signature and Date

## YOUTH SPORTS VOLUNTEER JOB DESCRIPTION

- TITLE:** Kadena Youth Sports & Fitness Volunteer Coach
- DESCRIPTION:**
- \*Coach of male or female athletes between the ages of 5-18.
  - \*You will be considered a role model for 10-23 (depends on season) young athletes assigned to your team; therefore sportsmanship, fair play, and full participation are mandatory.
- RESPONSIBILITIES:**
- \*Plan and supervise games, practices, and events.
  - \*Supervise assistant coaches, managers, or team parents.
  - \*Teach the young athlete the fundamentals of the sport.
  - \*Encourage the involvement of the parents in the sport.
  - \*Schedule and conduct parent and other necessary meetings.
  - \*Provide a safe and fun environment for the children.
  - \*Learn and follow all league rules, policies, and procedures.
  - \*Give each player equal playing time.
  - \*Put the feelings of the players ahead of your desire to win.
  - \*Attend all league functions and participate in league activities.
- QUALIFICATIONS:**
- \*Successfully complete the application procedure and pass a background check.
  - \*Attend any scheduled coaching interviews or meetings.
  - \*Successfully complete the National Youth Sports Coaches Association (NYSCA) Certification Program prior to the beginning of the season.
  - \*Be enthusiastic.
  - \*Not want to win at all costs.
  - \*Must be patient, especially with children.
  - \*Be organized.
  - \*Be dependable.
- INFORMATION:** As a volunteer coach, you are treated by local, state, and federal law as being an unpaid employee of the agency in which you are associated with; therefore, you must conduct yourself in the same manner as you would your own job. In the same respect, you will receive the same treatment, aside from compensation and benefits, as the employees of Kadena Youth Sports & Fitness.

I agree that I have read and understand the above job description for a youth sports coaching position, and that I accept the terms of the job description.

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

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Date

**Please note: Failure to sign this page will render the application incomplete and unacceptable.**



Airman & Family Services Flight
Unit 5135 Box 10
APO AP 96368

MEMORANDUM FOR 18 SFS/SFAR 18 MDOS/SGOHA 18 MDOS/SGOHF 718 CES/CEH
USN/USMC FAMILY ADVOCACY

FROM: 18 FSS/SFS

SUBJECT: Installation Records Check (IRC) and DCII checks

DODI 1402.5 Criminal History Background Checks on Individuals in Airman & Family Services requires that an IRC be completed on all individuals working or volunteering in child development or youth programs. Paragraph E2.1.19 states the record check shall include, at a minimum, Security Forces, Drug and Alcohol Program, Family Housing, Mental Health and Family Advocacy Program. Additionally, AFI 34-248 and 34-249 state that all staff and volunteers sign a statement declaring that they have never been arrested for or convicted of a crime involving a child, drugs, alcohol, abuse or neglect.

Please print clearly.

Applicant's Full Name (as it appears on your ID card):

Maiden Name/s: Alias:

Sponsor's Rank: (EVEN IF YOU ARE YOUR OWN SPONSOR PLEASE COMPLETE)

Sponsor's Unit of Assignment & Branch of Service:

Applicant's SSN: Sponsor's SSN:

Applicant's Date of Birth:

Phone (W): (H) Date Arrived: Last Duty Station:

Volunteering for: Youth Center Youth Sports Teen Center School Age CDC FCC

I, have never been arrested for, convicted of, or involved in a crime or incident involving children, drugs, alcohol, or abuse/neglect. Additionally, I authorize the release of my Security Forces Police Reports and Family Housing Records containing any unfavorable information relating to children, drugs, alcohol, or abuse/neglect be release to Kadena Youth Programs for review and consideration.

DATE: SIGNATURE:

A Parent/Sponsor must sign here if you are under age 18:

\*\*\*\*\*

OFFICE USE ONLY

Information found? Yes No

Copies of Findings Attached? Yes No

Printed Name of Certifying Official:

Signature of Certifying Official: Date:

Privacy act authority: title 10, USC section 8013
Principal purpose: To provide background clearance information for prospective Family Member Programs staff and volunteers.
Routine Uses: No information is disclosed outside the Department of Defense (DOD). Disclosure: disclosure of required information is voluntary; however, if the information is not provided, the applicant may be denied their request to become a Family Member Programs volunteer. If you fail to tell the truth or fail to list all relevant events or circumstances, it may be grounds for your not being able to provide service and may result in criminal prosecution (Title 18 US Section 1001). Right to challenge: You have the right to challenge the accuracy of records under provisions of the DOD Directives 5400.11.

# AUTHORIZATION FOR DISCLOSURE OF MENTAL HEALTH INFORMATION

18<sup>th</sup> Medical Group, Kadena AB, Okinawa, Japan

(DSN) 630-4785

## Privacy Act Statement

In accordance with the Privacy Act of 1974 (Public Law 93-579), the notice informs you of the purpose of the form and how it will be used. Please read it carefully.

**AUTHORITY:** Public Law 104-191; E.O. 9397 (SSAN); **42 CFR Part 2**; DoD 6025.18-R

**PRINCIPAL PURPOSE(S):** This form is to provide the Military Treatment Facility/Dental Treatment Facility/TRICARE Health Plan with a means to request the use and/or disclosure of an individual's protected health information.

**ROUTINE USE(S):** To any third party or the individual upon authorization for the disclosure from the individual for: personal use; insurance; continued medical care; school; legal; retirement/separation; or other reasons.

**DISCLOSURE:** Voluntary. Failure to sign the authorization form will result in the non-release of the protected health information.

### SECTION 1 - PATIENT DATA

Full Name of Patient (Last, First, Middle Initial) \_\_\_\_\_  
Date of Birth (MM/DD/YYYY) \_\_\_\_\_  
Social Security Number (Sponsor) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Dates of Treatment: FROM (Date): \_\_\_\_\_ TO (Date): \_\_\_\_\_  
Type of Treatment:  Outpatient Mental Health  Inpatient Mental Health  ADAPT  Family Advocacy

### SECTION 2 – DISCLOSURE

I authorize Kadena Mental Health Clinic/ADAPT/Family Advocacy to release my patient information to:

Name of Recipient Rudy Yecpot, Operations Assistant, Kadena Youth Programs  
Street Address Building 721, 18th Force Support Squadron, Kadena Air Base  
City/State/Zip Okinawa, Japan  
Phone (DSN) 634-0533 Email: rudu.yecpot@kadena.af.mil

#### Reason for Request/Use of Medical Information

- Personal Use  Civilian Care  Retirement/Separation  
 Insurance  School  Legal  
 Other (specify): Installation Records Check/Family Home Daycare Clearance/Civilian Personnel/Human Resources Office

Is the information being used for any pending or contemplated litigation\*?  YES  NO

\* If litigation is pending or being contemplated, request for copies are sent to the Base Legal Office for review according to AFI 51-501 and AFI 51-502.

# AUTHORIZATION FOR DISCLOSURE OF MENTAL HEALTH INFORMATION

18<sup>th</sup> Medical Group, Kadena AB, Okinawa, Japan

(DSN) 630-4785

## IN OFFICE USE ONLY

Date: \_\_\_\_\_ Copies Made by: \_\_\_\_\_

# of Copies made: \_\_\_\_\_  OPR  FPC  FSO

File Original in Medical Record / Provide copy of form to SGQ office

**Information to be Released:** Check the box and initial or sign to specify which type of medical information is to be released [indicate how much information].

Mental Health Information \_\_\_\_\_ (patient's signature)

Family Advocacy Information \_\_\_\_\_ (patient's signature)

Drug/Alcohol Information \_\_\_\_\_ (patient's signature)

AIDS/HIV Information \_\_\_\_\_ (patient's signature)

Specified Medical Information I authorize the above clinics to acknowledge in a written format if any disqualifying information exists that would preclude me working with children. If disqualifying information exists, I authorize them to provide a summary of that information.

\_\_\_\_\_ (patient's signature)

## SECTION 3 – RELEASE AUTHORIZATION

I understand that:

- I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept or to the TMA Privacy Officer if this is an authorization for information possessed by the TRICARE Health Plan rather than an MTF or DTF. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization.
- Protected health information released under this authorization cannot be re-disclosed without my consent or unless specifically allowed by 42 CFR Part 2.
- I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR § 164.524.
- The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.

I request and authorize the named provider/treatment facility/TRICARE Health Plan to release the information described above to the named individual/organization indicated.

This authorization shall become effective immediately and shall remain in effect until the release of medical information is completed or until date specified: UPON COMPLETION. \_\_\_\_\_ (INITIAL)

This date shall not exceed one year.

\_\_\_\_\_  
Signature of Patient/Parent\*/Legal Representative\*\*

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Relationship to Patient

\* For dependent children, parents may sign except when the record is marked that a minor has consented to his/her own care. In this situation the record will not be released to the parent.

\*\* For deceased patients, the next of kin must sign and furnish proof of death.

## SECTION 4 – FOR STAFF USE ONLY

(To be completed only upon receipt of written revocation)

Authorization Revoked Reason for Revocation \_\_\_\_\_

Revocation Completed By \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_



TO: All Airman & Family Services Flight Staff, Volunteers and Contractors

FROM: 18 FSS/FSF

SUBJECT: Guidance Policy

In order to ensure that our children and youth learn to live cooperatively with others, all Family Member Programs (FMP) staff, volunteers, and contractors will practice the principles of POSITIVE GUIDANCE. These principles include:

- Providing an environment that encourages self-discipline
- Using positive methods to guide individual children
- Helping children understand and express their feelings in acceptable ways.

Children should be guided toward appropriate behavior throughout the day by being offered realistic choices of relatively equal value. For example, a child might be offered the choice between finger painting in the art area or using the LEGOS in the manipulative area. In contrast, telling a child that he or she must participate with a group activity or sit and wait until everyone is done is NOT a true choice. The options must be of equal value to the child or youth.

When the offering of realistic choices does not deter the inappropriate behavior, the caregiver will utilize other acceptable guidance techniques. These might include:

- Allowing the child to experience the consequences of his or her behavior
- Redirecting the child to an acceptable activity
- Temporarily removing the child to a less-stressful situation
- Limiting the child's participation in a particular activity
- Restating in a positive manner what the child SHOULD do
- Securely, but calmly holding the screaming and/or thrashing child
- Ignoring the child's behavior if doing so does not pose a danger

UNACCEPTABLE guidance techniques are STRICTLY FORBIDDEN: These include, but are not limited to, the following humiliating and/or frightening methods:

- Spanking, Hitting, Slapping, Pinching, Shaking, or any other form of physically punishing contact with a child
- Verbally abusing the child, by threatening him or her or making derogatory remarks about the child or his or her family; a threat includes not only telling the child he or she will be physically punished, but also saying that the child's participation in an activity will be forbidden if the child does not comply
- Binding or tying a child to restrict movement
- Placing a child in a confined space such as a closet, box, or locked room
- Withholding or forcing a child to take meals, snacks, and/or naps
- Punishing the child for lapses in toilet training

The prohibition for unacceptable/forbidden guidance techniques in Kadena Family Member Programs applies not only to staff, volunteers, and contractors, but also to all parents, visitors, and guests. If you witness ANY SUSPECTED VIOLATION of this guidance policy while in an FMP activity, report it to the supervisor on duty IMMEDIATELY.

***By signing below, I certify that***

- ***I have read and understand the above policy;***
- ***I will comply with the policy in my interactions with staff, children, parents, and others who are part of FMP;***
- ***I understand that any report of a violation of the policy will result in the removal from contact with children, retraining, and possible disciplinary and/or administrative action, to include potential termination.***

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

NAME: \_\_\_\_\_

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



TO: All Airman & Family Services Flight Staff, Volunteers and Contractors

FROM: 18 FSS/FSF

SUBJECT: Touch Policy

Physical touching is an important part of the care and nurturing of children and youth. Children feel loved, accepted, and supported through the sensations of touch by nurturing adults and peers. However, physical touch should be respectful of children's body cues and only occur with their permission. Staff, volunteers and contractors are sensitive to children's responses and requests for physical interaction, and model appropriate nurturing touches. Except for safety or cleaning, children will always have the right to refuse touch.

Children and youth are also taught to respect adults' and other children's touch preferences. It is our policy to inform parents of the nature and type of routine physical contact that the child will experience.

**AFFECTIONATE NURTURING TOUCH** is vital for each child's/youth's emotional health. Affectionate, nurturing touch includes, as age appropriate: hugging, holding on lap, rocking, carrying, rubbing or patting backs, shaking hands, hand-holding, and/or reassuring touches on the shoulder. Children and youth always have the right to refuse these touches.

**PERSONAL CARE TOUCH**\* includes cleaning, dressing, and nap time routines, and is performed in a gentle and respectful manner. Personal care touch also includes face and handwashing, assisting with toileting, examining rashes and unusual marks, nose-blowing, and assisting with necessary clothing changes. Genital areas are touched gently for purposes of cleaning or medication administration only. First Aid is administered as gently as possible and is always accompanied by verbal explanation and appropriate comfort. All personal care of children is always conducted in areas fully visible and accessible to others. *\*Younger children only as age appropriate.*

**TOUCHES FOR RESTRAINT** are only used to protect the physical safety of children/youth and staff, volunteers, and, contractors – OR – to provide the least restrictive guidance necessary in a given situation. Children are taught through modeling and verbal guidance to use words rather than physical interaction to settle their differences with others. Touches for restraint include holding the child firmly in your arms or picking up the child by his or her trunk area and carrying securely in your arms. Touches of restraint should be done as a last resort to prevent a youth from injuring him/herself or others. In addition, touches of restraint should not be in a humiliating or harmful way.

**INAPPROPRIATE TOUCH** has a negative effect on the child and usually involves exploitation of the child or the satisfying of an adult need at the expense of the child. Attempts to change a child's behavior with adult physical force encourage the child to respond in kind. Examples of inappropriate touch include: slapping, tickling, shaking, hitting, forced kissing, spanking, pinching, picking up a child up by his/her arms, dangling an infant over your arm, fondling or molestation.

The prohibition for inappropriate touch in Kadena Family Member Programs applies not only to staff, volunteers, and contractors, but also to all parents, visitors, and guests. If you witness ANY SUSPECTED VIOLATION of this touch policy while in an FMP activity, report it to the supervisor on duty IMMEDIATELY.

*By signing below, I certify that*

- *I have read and understand the above policy;*
- *I will comply with the policy in my interactions with staff, children, parents, and others who are part of FMP;*
- *I understand that any report of a violation of the policy will result in the removal from contact with children, retraining, and possible disciplinary and/or administrative action, to include potential termination.*

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

NAME: \_\_\_\_\_

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



# Coaches' Code of Ethics

**I hereby Pledge to live up to my certification as an 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 the 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 each 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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Coach Signature

---

Date

# certification exam

Name \_\_\_\_\_

Sport \_\_\_\_\_

Date \_\_\_\_\_

**1. Kids participate in sports to:**

- a. Have fun
- b. Meet new friends and maintain existing friendships
- c. Learn the fundamentals of the game
- d. All of the above

**2. A positive youth sports experience requires the coach to:**

- a. Play only the best players
- b. Apply pressure to perform
- c. Focus only on winning
- d. Keep it fun and participatory

**3. When planning a practice, the coach should prepare a program that:**

- a. Focuses on the gifted athletes
- b. Separates conditioning from skill development
- c. Combines conditioning and skill development
- d. None of the above

**4. Which of these would NOT be considered child abuse?**

- a. Slapping a child
- b. Using exercise as a punishment
- c. Calling children "dumb" when they make mistakes
- d. High five's for good plays

**5. An athlete should intake fluids before, during and after practices and games?**

- True or  False

**6. To prevent accidents at a practice or game the coach should:**

- a. Closely supervise the players
- b. Assume fields, equipment and facilities are safe and have been inspected
- c. Inspect fields, equipment and facilities for potential hazards every time used
- d. Both A and C

**7. To help prevent injuries:**

- a. Pit the biggest kids against the smallest
- b. Ignore the weather
- c. Limit supervision
- d. Limit water intake
- e. None of the above

**8. Positive sports experiences for youth requires:**

- a. Knowledgeable coaches
- b. Coordination between coach, parent and league administrators
- c. Doing what is best for the athlete
- d. All of the above

**9. A good coach will always help every player to:**

- a. Feel needed
- b. Feel part of the team
- c. Feel important
- d. All of the above

**10. In working with children, which of the following is the most important to remember?**

- a. Adding stress improves their performance
- b. The wide difference of physical and emotional ages for the same chronological age group
- c. Exercise for punishment/discipline
- d. None of the above

**11. A coach who openly argues with an official, send a message to the athletes, parents and other coaches that this is appropriate behavior in a youth sports setting.**

- True or  False

**12. To keep developing my skills and knowledge so that I can be the best youth sport coach I can be, I should:**

- a. Consult other experienced coaches for tips and advice
- b. Ensure that I continue to receive coaching education through publications such as the YOUTH SPORTS JOURNAL
- c. Review videos and books on coaching
- d. All of the above

**13. When a coach suspects that a player is the victim of any form of child abuse, (emotional, physical or sexual) he/she is obligated to report their suspicion.**

- True or  False

**14. Opening lines of communication and developing relationships early on can result in parents becoming partners rather than problems.**

- True or  False

**15. A youth sport coach should be judged as being effective if:**

- a. The kids have fun
- b. The kids learned something
- c. The kids want to continue to participate
- d. All of the above



**Reference Check:**

**Name of coach:** \_\_\_\_\_

- I. For candidates with experience working with children:
  - a. How would you describe the candidate’s knowledge of appropriate practices and program activities?
  - b. Does the candidate enjoy working with children and do children enjoy being with the applicant?
  - c. How would you describe the candidate’s ability to relate to parents?
  
- II. For all candidates:
  - a. How would you describe the candidate’s ability to get along with others?
  - b. Does the applicant accept responsibility and follow through on assignments?
  - c. Is the applicant honest and trustworthy?
  - d. How would you describe the candidate’s work-habits, punctuality, attendance, and attitude?
  - e. Would you recommend this person to be a Youth Sports Coach?
  
- III. This candidate is rated with a:
  - a. Favorable recommendation
  - b. Unfavorable recommendation

---

**Printed Name**

**Signature**

**Date**



**Reference Check:**

**Name of coach:** \_\_\_\_\_

- I. For candidates with experience working with children:
  - a. How would you describe the candidate's knowledge of appropriate practices and program activities?
  - b. Does the candidate enjoy working with children and do children enjoy being with the applicant?
  - c. How would you describe the candidate's ability to relate to parents?
  
- II. For all candidates:
  - a. How would you describe the candidate's ability to get along with others?
  - b. Does the applicant accept responsibility and follow through on assignments?
  - c. Is the applicant honest and trustworthy?
  - d. How would you describe the candidate's work-habits, punctuality, attendance, and attitude?
  - e. Would you recommend this person to be a Youth Sports Coach?
  
- III. This candidate is rated with a:
  - a. Favorable recommendation
  - b. Unfavorable recommendation

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**Printed Name**

**Signature**

**Date**