

Print all papers in COLOR!!

There are two Family Advocacy papers included in this packet, one white and one blue. Please fill out the top of both papers, but only the BLUE paper needs to be taken to Family Advocacy building on Camp Foster to get signed.

The paper entitled “Background Records Check” (white) needs to be taken to PMO and stamped.

The green paper needs to be taken to the SARC building on Camp Foster to be signed. You must go in person with your ID card in order to get it signed.

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



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:



DEPARTMENT OF THE AIR FORCE
PACIFIC AIR FORCES

MEMORANDUM FOR DIRECTOR, SUBSTANCE ABUSE REHABILITATION
DEPARTMENT

FROM: 18 FSS/FSFY

SUBJECT: Substance Abuse Records Check

1. The below individual is applying for a volunteer position within our organization. Please complete a records check regarding the presence of a substance abuse record and return the form to the individual.

[Handwritten Signature]

TERESA WITSCHEN
Chief, Kadena Youth Programs

APPLICANT INFORMATION

PRINT NAME (last, first mi)

FULL SOCIAL SECURITY NUMBER



APPLICANT SIGNATURE

NO RECORD FOUND

RECORD FOUND

DATE REVIEWED

CERTIFYING OFFICIAL'S SIGNATURE

