

# LEOPARD



# P R I D E

Lakenheath Middle School  
DoDDS/CCSM  
UNIT 5185 BOX 55  
APO, AE 09461-8555

## Lakenheath Middle School

Thank you for offering to volunteer at Lakenheath Middle School. Because of individuals like you, we are able to offer outstanding services to our students. Volunteers make a difference!

If you have already completed a volunteer packet, you do not need to update or submit a new one for this school year. Please make sure your packet is on file with us. If your packet is on file at another school, it will need to be transferred to LMS.

The safety of our students and staff is paramount. DoDEA requires all school volunteers to have a thorough local background check. The attached forms are required by DoDDS to enable us to complete this requirement.

The only form you will have to take to be signed by a base authority is the *Request for Personnel Security Action*, AF IMT 2583. Take this form to Personnel Security on the base where your sponsor is stationed.

- RAF Lakenheath, Building 1092, Room S5 (Reports and Analysis), located next to the Fire Station. Open Monday-Friday, 0730-1600. Phone: 226-1426.
- RAF Mildenhall, Building 438, 2<sup>nd</sup> floor. Open Monday-Friday, 0800-1600. Phone: 238-8017.

When all of the forms are completed, including the required signature on the *Request for Personnel Security Action*, return them to Joe Hacker. He will take care of everything else. The information you provide on your forms, in compliance with the Privacy Act of 1974, is held in strictest confidence.

You will be able to begin volunteering at the school after you return your packet, however, if you are a full-time volunteer or assisting with after school activities/clubs, you will not be allowed to be unsupervised around students or attend any overnight field trips until Family Advocacy has cleared the rest of your background check. Joe Hacker will contact you after the volunteer background check process has been completed.

Thank you again for volunteering with us and for understanding the necessity of thorough background checks for all our volunteers.

Mary Zimmerman-Bayer, Principal

Joe Hacker, LMS Volunteer Point of Contact  
226-7008 [joe.hacker@eu.dodea.edu](mailto:joe.hacker@eu.dodea.edu)

# Volunteer Background Check

1. AF IMT Form 2583, Request for Personnel Security Action
  - Complete Section I, Blocks 1-7
  - Section V, Security Police Records Check, complete and take to base sponsor is assigned to:
    - RAF Lakenheath, Bldg 1092
    - RAF Mildenhall, Bldg 438
2. Volunteer Background Check Letter
  - Complete paragraph 3
3. Acknowledgement of Rights and Consent to Release Records Form
  - Sign and date paragraph 3
4. DD Form 2793, Volunteer Agreement
  - Complete Part I, Blocks 1-5, and 9, sign and date Blocks 10a and 10b.
5. DoDEA Form 4700.3, School Volunteer Application
  - Complete all sections
6. Record of Final Determination
  - Complete Name and SSN
7. USAFE Family Advocacy Program Installation Record Requests Check
  - Complete all sections

## REQUEST FOR PERSONNEL SECURITY ACTION

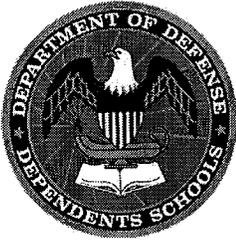
**AUTHORITY:** 10 U.S.C. 8012; 44 U.S.C. 3101; and EO 9397.

**PRINCIPAL PURPOSES:** To identify investigation, security clearance, unescorted entry requirements, and special access program authorizations.

**ROUTINE USES:** To request personnel security investigations, record emergency or limited access authorization, entry to restricted areas, and to record special access program authorizations. SSN is used for positive identification of the individual and records.

**DISCLOSURE IS VOLUNTARY:** Failure to information and SSN could result in assignment to less sensitive duties.

I. IDENTIFYING INFORMATION			
1. NAME (Last, First, Middle, Maiden)		2. ORGANIZATION OR FIRM SPONSOR	
3. GRADE	4. SSN	5. CITIZENSHIP	
		<input type="checkbox"/> US CITIZEN	<input type="checkbox"/> IMMIGRANT ALIEN <input type="checkbox"/> NON-US NATIONAL
6. DATE OF BIRTH	7. PLACE OF BIRTH (City, State, and Country)		
II. INVESTIGATION, CLEARANCE, ELIGIBILITY, ENTRY AND ACCESS REQUIREMENTS			
8. INVESTIGATION REQUIREMENT		9. CLEARANCE, ENTRY OR ACCESS REQUIREMENT	
<input type="checkbox"/> NATIONAL AGENCY CHECK (NAC)	<input type="checkbox"/>	<input type="checkbox"/> ONE-TIME ACCESS	<input type="checkbox"/> LIMITED ACCESS
<input type="checkbox"/> NATIONAL AGENCY CHECK-WRITTEN INQUIRIES (NACI)	<input type="checkbox"/>	<input type="checkbox"/> INTERIM CLEARANCE	<input type="checkbox"/> SPECIAL ACCESS
<input type="checkbox"/> BACKGROUND INVESTIGATION (BI)	<input type="checkbox"/>	<input type="checkbox"/> FINAL CLEARANCE	<input type="checkbox"/> UNESCORTED ENTRY
<input type="checkbox"/> SPECIAL BACKGROUND INVESTIGATION (SBI)	<input type="checkbox"/>	<input type="checkbox"/> TOP SECRET	<input type="checkbox"/> PRIORITY A
<input type="checkbox"/> BI PERIODIC REINVESTIGATION (PR)	<input type="checkbox"/>	<input type="checkbox"/> SECRET	<input type="checkbox"/> PRIORITY B
<input type="checkbox"/> SBI PERIODIC REINVESTIGATION (PR)	<input type="checkbox"/>	<input type="checkbox"/> CONFIDENTIAL	<input type="checkbox"/> PRIORITY C
III. LOCAL FILES CHECK			
10. TO:		11. FROM: DoDDS/CCSM, UNIT 5185 BOX 55, APO AE 09461-8555	
12. DATE	13. TYPED NAME, GRADE AND TITLE OF REQUESTER Joe Hacker, CIV, Personnel Secretary	14. SIGNATURE	
IV. MEDICAL RECORDS CHECK			
15. I CERTIFY a medical records check required by DOD 5200.2R/AFR 205-32, has been completed and no information exists, unless shown in Section VII, which would preclude the granting of a security clearance, unescorted entry to restricted areas, or access to special program classified information.			
16. DATE	17. TYPED NAME AND GRADE OF BASE DIRECTOR, MEDICAL SERVICES	18. SIGNATURE	
V. SECURITY POLICE RECORDS CHECK			
19. I CERTIFY a security police records check required by AFR 205-32, has been completed and no information exists, unless shown in Section VII, which would preclude the granting of a security clearance, unescorted entry to restricted areas, or access to special program classified information.			
20. DATE	21. TYPED NAME AND GRADE OF SECURITY POLICE OFFICIAL	22. SIGNATURE	
VI. ACCESS AUTHORIZATION			
<input type="checkbox"/> ONE-TIME ACCESS	<input type="checkbox"/> LIMITED ACCESS	<input type="checkbox"/> CNWDI	<input type="checkbox"/> NATO
		<input type="checkbox"/> CONTINUING	<input type="checkbox"/> ONE-TIME
23. I CERTIFY the named individual requires access to the above special program(s), meets all investigative and clearance requirements, and has been briefed on program responsibilities as outlined in the governing directive. If applicable, emergency or limited access is necessary and will not endanger the national security.			
24. DATE	25. TYPED NAME, GRADE AND TITLE OF APPROVING AUTHORITY	26. SIGNATURE	
27. DATE	28. TYPED NAME, GRADE AND TITLE OF SPECIAL ACCESS PROGRAM CERTIFYING OFFICIAL	29. SIGNATURE	
VII. REMARKS			
30. (If more space is needed, use reverse and show item number being continued)			



DEPARTMENT OF DEFENSE  
DEPENDENTS SCHOOLS  
OFFICE OF THE PRINCIPAL  
LAKENHEATH MIDDLE SCHOOL  
UNIT 5185, BOX 55  
APO AE 09461-8555

MEMORANDUM FOR: 48 MDOS/SGOH

FROM: DODDS

SUBJECT: BACKGROUND CHECK

1. The individual listed below has been selected to work with children under the age of 18 years.
2. Request screening of applicant's records for incidents, which would create doubt regarding the applicant's suitability for employment. In accordance with the Military Child Care Act of 1989, applicants with a history of substantiated child abuse or neglect ARE NOT permitted to be employed in a position with minors. Conditions that will bear on the applicant's stability includes, but are not limited to, any abusive behavior, alcohol or drug abuse, mental or emotional condition, or is undergoing any treatment that in the opinion of your agency may cause a defect in judgment or reliability of the safety and well being of children.

3. Applicant: \_\_\_\_\_ Sponsor: \_\_\_\_\_  
SSN: \_\_\_\_\_ SSN: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Sponsor Squadron: \_\_\_\_\_  
Duty Phone: \_\_\_\_\_

Mary Zimmerman-Bayer  
Principal, Lakenheath Middle School

Attachment:

Acknowledgement of Rights and Consent to Release Records

Agency Response:

Family Advocacy and Central Registry: Information has/has not been found

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name/Title: \_\_\_\_\_ Information Found: \_\_\_\_\_

Mental Health Information has/has not been found

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name/Title: \_\_\_\_\_ Information Found: \_\_\_\_\_

Substance Abuse: Information has/has not been found

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name/Title: \_\_\_\_\_ Information Found: \_\_\_\_\_

**ACKNOWLEDGEMENT OF RIGHTS**  
**AND**  
**CONSENT TO RELEASE RECORDS**

**AUTHORITY:** 42 U.S.C. 13041 AND 10 U.S.C. 8013

**PRINCIPAL PURPOSE:** To comply with Public Law 101-647, Section 231, and DoDI 1402.5, Criminal History Background Checks on individuals in Child Care Services.

**DISCLOSURE:** **MANDATORY** in the case of an applicant for employment in a position involved with children under the age of 18 years, refusal to sign this form shall result in the employer's refusal to consider the applicant for employment. In the case of an incumbent of a position involved with children under the age of 18 years, refusal to sign this form shall result in removal from the position.

**EMPLOYEE ACKNOWLEDGEMENT:**

1. I have been advised and understand that the United States Air Force, as a Federal employer, has an obligation to require a record check as a condition of my employment in a position involved with children under the age of 18 years. I have been further advised that I have a right to obtain a copy of any criminal history report made available to such employer or potential employer and to challenge the accuracy and completeness of any information included in such report.
2. I understand that the record check will include the following:
  - a. A State criminal history repository check in the state where I last resided and in states where I have formally resided;
  - b. An installation records check at all installations I have identified as residences during the preceding two years. This records check will include, at a minimum, inquires of the Security Forces, Medical Treatment Facility (MTF), the Family Housing Office, the Social Actions Office, and the Family Advocacy Office; and;
  - c. A National Agency Check with inquiries, including a Federal Bureau of Investigation fingerprint check.
3. I hereby authorize any federal, state, or local agency to release any record relating to me, which is necessary to complete the record checks described above to Lakenheath Middle School (Employer).

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Social Security Number**

**VOLUNTEER AGREEMENT FOR**

**APPROPRIATED FUND ACTIVITIES**

**NONAPPROPRIATED FUND INSTRUMENTALITIES**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Section 1588 of Title 10, U.S. Code, and E.O. 9397.

**PRINCIPAL PURPOSE(S):** To document voluntary services provided by an individual, including the hours of service performed, and to obtain agreement from the volunteer on the conditions for accepting the performance of voluntary service.

**ROUTINE USE(S):** None.

**DISCLOSURE:** Voluntary; however failure to complete the form may result in an inability to accept voluntary services or an inability to document the type of voluntary services and hours performed.

**PART I - GENERAL INFORMATION**

<b>1. TYPED NAME OF VOLUNTEER</b> <i>(Last, First, Middle Initial)</i>		<b>2. SSN</b>	<b>3. DATE OF BIRTH</b> <i>(YYYYMMDD)</i>
<b>4. INSTALLATION</b>		<b>5. ORGANIZATION/UNIT WHERE SERVICE OCCURS</b>	
<b>6. PROGRAM WHERE SERVICE OCCURS</b>		<b>7. ANTICIPATED DAYS OF WEEK</b>	<b>8. ANTICIPATED HOURS</b>
<b>9. DESCRIPTION OF VOLUNTEER SERVICES</b>			

**PART II - VOLUNTEER IN APPROPRIATED FUND ACTIVITIES**

**10. CERTIFICATION**

I expressly agree that my services are being provided as a volunteer and that I will not be an employee of the United States Government or any instrumentality thereof, except for certain purposes relating to compensation for injuries occurring during the performance of approved volunteer services, tort claims, the Privacy Act, criminal conflicts of interest, and defense of certain suits arising out of legal malpractice. I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits for these voluntary services. I agree to be bound by the laws and regulations applicable to voluntary service providers and agree to participate in any training required by the installation or unit in order for me to perform the voluntary services that I am offering. I agree to follow all rules and procedures of the installation or unit that apply to the voluntary services I will be providing.

<b>a. SIGNATURE OF VOLUNTEER</b>		<b>b. DATE SIGNED</b> <i>(YYYYMMDD)</i>
<b>11.a. TYPED NAME OF ACCEPTING OFFICIAL</b> <i>(Last, First, Middle Initial)</i>	<b>b. SIGNATURE</b>	<b>c. DATE SIGNED</b> <i>(YYYYMMDD)</i>

**PART III - VOLUNTEER IN NONAPPROPRIATED FUND INSTRUMENTALITIES**

**12. CERTIFICATION**

I expressly agree that my services are being provided as a volunteer and that I will not be an employee of the United States Government or any instrumentality thereof, except for certain purposes relating to compensation for injuries occurring during the performance of approved volunteer services and liability for tort claims as specified in 10 U.S.C. Section 1588(d)(2). I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits for these voluntary services. I agree to be bound by the laws and regulations applicable to voluntary service providers, and agree to participate in any training required by the installation or unit in order for me to perform the voluntary services that I am offering. I agree to follow all rules and procedures of the installation or unit that apply to the voluntary services that I am offering.

<b>a. SIGNATURE OF VOLUNTEER</b>		<b>b. DATE SIGNED</b> <i>(YYYYMMDD)</i>
<b>13.a. TYPED NAME OF ACCEPTING OFFICIAL</b> <i>(Last, First, Middle Initial)</i>	<b>b. SIGNATURE</b>	<b>c. DATE SIGNED</b> <i>(YYYYMMDD)</i>

**PART IV - TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR**

<b>14. AMOUNT OF VOLUNTEER TIME DONATED</b>				<b>15. SIGNATURE</b>	<b>16. TERMINATION DATE</b> <i>(YYYYMMDD)</i>
<b>a. YEARS</b> <i>(2,087 hours = 1 year)</i>	<b>b. WEEKS</b>	<b>c. DAYS</b>	<b>d. HOURS</b>		
<b>17.a. TYPED NAME OF SUPERVISOR</b> <i>(Last, First, Middle Initial)</i>				<b>b. SIGNATURE</b>	<b>c. DATE SIGNED</b> <i>(YYYYMMDD)</i>

DEROS: \_\_\_\_\_

**SCHOOL VOLUNTEER APPLICATION**  
**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 DoDEA 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 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/>.

**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.

NAME:	SSN:
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SPONSOR'S NAME:	SSN:
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MAILING ADDRESS:	HOUSE ADDRESS:
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Home telephone: (Area code first)	Duty telephone: (Area code first)
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Facsimile number: (Area code first)	E mail Address:
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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.

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 _____	

E5. 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: \_\_\_\_\_

BACKGROUND CHECK TYPE: \_\_\_\_\_

BACKGROUND CHECK DATE: \_\_\_\_\_

\_\_\_\_\_  
PRINCIPAL

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SCHOOL

Attachment(s):

# USAFE Family Advocacy Program Installation Record Requests Check

Please fill out the form below to complete a background check.

Please submit information to the [48MSG.CCL@Lakenheath.af.mil](mailto:48MSG.CCL@Lakenheath.af.mil)

This document may contain certain information which must be protected IAW AFI 33-332 and DOD Regulation 5400.11; Privacy Act of 1974 as amended applies and it is For Official Use Only (FOUO)"

Applicant Last Name

Applicant First Name

Applicant SSN

Sponsor Last Name

Sponsor First Name

Sponsor SSN

Relationship to Sponsor (Self/Spouse/Child)

Contact's Email Employer

LMS

Contact's Email

Joe.hacker@eu.dodea.edu

Does Applicant Require Child

Yes

Background Check?

Applicant Current/Prior Military?  
(Yes/No)