

BACKGROUND CHECK REQUEST

MEMORANDUM FOR: Garrison Provost Marshall Office, and Social Work Services/Army Family Advocacy Center Registry, Ft. Sam Houston

SUBJECT: Local Agency Check for individuals volunteering in Chapel programs

1. PRIVACY ACT STATEMENT:

AUTHORITY: 10 USC 3013, Executive Order 9397

PURPOSE: To give permission for agencies to provide necessary clearance by examination of records.

ROUTINE USES: Signed consent forms will be used to screen military police files, social work files, and the Army Family Advocacy Central Registry in order to complete background clearance procedures.

DISCLOSURES: Giving your permission for information is voluntary. Failure to provide requested information will result in individual's not being allowed to be alone with minors.

2. Request a local agency check to determine the suitability of the following named individual to serve as a volunteer in Chapel programs within USAG Fort Sam Houston.

PLEASE PRINT CLEARLY

NAME: _____ SSN: _____
(LAST, First, Middle)

(LOCAL NATIONALS: If no SSN, submit a Polizeiliches Fuhrunszeugnis from the German police or equivalent document from local authorities).

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
(Spell out the month) (Include country, if not US)

ADDRESS: _____ PHONE: _____

E-MAIL ADDRESS (if available): _____

SPONSOR NAME/RANK: _____ SPONSOR SSN: _____

3. I HAVE READ AND UNDERSTAND THE PRIVACY ACT STATEMENT AND GIVE MY PERMISSION FOR THE LOCAL AGENCIES LISTED ABOVE TO CONDUCT A CHECK OF MY RECORDS TO DETERMINE MY SUITABILITY AS A VOLUNTEER FOR CHAPELS WITHIN USAG FORT SAM HOUSTON. I UNDERSTAND THAT I MUST SUBMIT ONE RELEASE WITH ORIGINAL SIGNATURE FOR EACH AGENCY (2 copies total).

APPLICANT'S SIGNATURE: _____ DATE: _____

SPONSOR SIGNATURE: _____ DATE: _____

FRONT AND BACK INFORMATION MUST BE ON ONE SHEET OF PAPER

FOR OFFICIAL USE ONLY

4. TO BE COMPLETED BY LOCAL AGENCIES:

A. Garrison Provost Marshall

Local background check on the subject revealed **NO** derogatory information.

Local background check on the subject revealed derogatory information (Attached).

STAMP/SIGNATURE
Garrison Provost Marshall Office

STAMP/SIGNATURE
Garrison Provost Marshall Office

B. Social Work/Army Family Advocacy Central registry:

Local background check on the subject revealed **NO** derogatory information.

Local background check on the subject revealed derogatory information (Attached).

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Social Work/Army Family Advocacy
Central Registry

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Central Registry

5. Contractor *may not* work directly with children and youth until local agency check is completed. Local agency check is mandatory before any volunteer can be alone with minors. If derogatory information is found, such information will not be released without written inquiry and the subject's written permission.

A chaplain will interview each applicant who has a derogatory check.

POC for this action:

USAG RELIGIOUS SUPPORT TEAM FORT SAM HOUSTON

Name: _____ Phone: (210) 221-5006

E-mail Address: _____ FAX: (210) 221-3391

Alternative POC: _____ Phone (210)-221-5007

E-mail Address: _____ FAX: (210)221-3391

ALL REQUESTS AND REPLIES WILL BE HANDCARRIED. DO NOT SEND IN DISTRIBUTION.