



Child and Youth Programs

# VOLUNTEER INFORMATION FORM

OPNAVINST 1700.9

## PRIVACY ACT STATEMENT

Authority to request the following information is derived from 5 U.S.C. 301, 10 U.S.C. 5031, Executive Order 9397, and DOD Instruction 1402.5. Implementing Public Law 101-647, Section 231, and Public Law 102-190, Section 1094.  
 PRINCIPAL PURPOSE: The form will be used by officials of the Department of the Navy to obtain background clearance information regarding prospective volunteers in Navy Child and Youth Programs, to include Child Development Centers, Youth Programs, 24/7 Centers, and Child Development Homes.  
 ROUTINE USES: No information will be disclosed outside the Department of Defense.  
 DISCLOSURE: Completion of this form is voluntary, however, if the requested information is not provided, volunteer opportunities may be denied. Providing false information can result in adverse action up to and including removal.  
 RIGHT TO CHALLENGE: You have the right to challenge the accuracy of records under the provision of DoD Directive 5400.11.

<b>NAME</b>	<b>FIRST</b>	<b>MI</b>	<b>LAST</b>
<b>EMAIL</b>			
<b>HOME PHONE</b>	<b>WORK PHONE</b>	<b>CELL PHONE</b>	

## EMERGENCY CONTACT

<b>NAME</b>	<b>PHONE NUMBER</b>	<b>RELATIONSHIP</b>
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## LOCATION AND POSITION VOLUNTEERING FOR:

REFERENCES: must list five references, one must be your current supervisor if applicable. Include relationship (current employer, previous employer, professional, personal or other)		<b>REFERENCE TYPE</b>
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	<b>NAME</b>	<b>PHONE</b>	<b>E-MAIL</b>	
1				
2				
3				
4				
5				

## AVAILABILITY

CHECK BLOCK FOR DAYS OF WEEK (check all that apply)

<input type="checkbox"/>	<b>MONDAY</b>	<input type="checkbox"/>	<b>TUESDAY</b>	<input type="checkbox"/>	<b>WEDNESDAY</b>	<input type="checkbox"/>	<b>THURSDAY</b>	<input type="checkbox"/>	<b>FRIDAY</b>
<input type="checkbox"/>	<b>SATURDAY</b>	<input type="checkbox"/>	<b>SUNDAY</b>						

HOURS AVAILABLE (provide the hours of the day you are available)

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<b>SIGNATURE</b>		<b>DATE SIGNED</b>	
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