APAJ-GH-CA-CYSD

SUJBECT: Request for Background Information and Investigation

SEE DISTRIBUTION

1. Request that background checks be completed for the following person selected for a volunteer position within 10 days. A statement authorizing release of information is on the reverse. The individual named below has applied for authorization to provide volunteer work at the Camp Zama Youth Services Sports Branch as specified in AR 608-10 .

_____
Applicant's Name (last, first, middle, maiden) and SSN

_____
Sponsor's Name (last, first, middle, maiden) and SSN

_____
Date and Place of Birth of Applicant

_____
Unit Address of Applicant

2. Results of File Checks: Files reveal no adverse information
Files reveal adverse information.

Remarks:

3. Applicant cannot enter on volunteer status without the checks. Request checks be expedited and returned within time frame stated to:

Children and Youth Services Branch (CYSD)
Youth Services Sports
17th ASG Unit 45006 APO AP 96343-5006

4. I have read and understood the privacy act statement on the reverse side.

Signature of Applicant _____Date _____

Signature of YS Director _____Date _____

Distribution:
Unit Commander
Provost Marshall
Family Advocacy Case Management Team (FACMT)
Community Counseling Center (CCC)
Criminal Investigation Division (CID)
Department of Psychiatry, 95th CSH
Family Member Action Office (FMAO)