CG-BSX (Ver 1.0) Rev. 06/2021	**USCG AUXILIARY ASSISTANCE REQUEST**

This form documents information needed to process requests for Auxiliary assistance. Please fill out all applicable fields with as much detail as possible and submit to: HQS-SMB-BSX-CGAUX@uscg.mil.

1. Auxiliarist Information:

a. Is this solicitation open to any Auxiliarist? Or just local Auxiliarists?

b. How many volunteers are being requested?

2. If a volunteer has already been identified, please provide the information below: (attach additional names separately)

a. Name (Last, First, Middle Initial)	**b. Auxiliary Office**	**c. Member ID**	**d. City/State**	**e. Aux District/Region**

f. Does the Auxiliarist have an ALAC?	Yes	(or)	No

3. Purpose of Assistance Request:

a. What specific task(s) will the Auxiliarist(s) be expected to perform? Please indicate expected frequency (e.g, on-site work once each week).

b. Are there available job aids for completing the requested task? If so, requesting office is responsible for providing job aids to the Auxiliarist(s).	Yes	(or)	No

c. The requested task(s) can be completed: remotely only / on-site only /
  combination of remote and on-site work acceptable.

d. Does the task require access to CG Network? Consider that most Auxiliarists do not have access to the CG Network.	Yes	(or)	No

e. Does the task(s) require a security clearance?	Yes	(or)	No

4. Dates of Request (Indicate "Indefinite" for End Date and Total Days if the request period is uncertain/open-ended)

a. Begin Date	**b. End Date**	**c. Total Days**

5. Location of Requested assignment: (Office, City, State, Zip)

6. Who will fund the orders (if required)?

a. Name (Last, First, Middle Initial)	**b. Grade/Rate**	**c. Email**	**d. Phone Number**	**e. Div/Branch**

7. Who will draft the orders (if required)?

a. Name (Last, First, Middle Initial)	**b. Grade/Rate**	**c. Email**	**d. Phone Number**	**e. Div/Branch**

8. What expenses will be reimbursed and what on-site access will be facilitated (e.g., mileage; tolls; parking available; facility visitor badge provided)?"

9. Lead POC who is available to provide information to the Auxiliarist(s):

a. Name (Last, First, Middle Initial)	**b. Grade/Rate**	**c. Email**	**d. Phone Number**	**e. Div/Branch**