

SECTION V - APPLICANT INTERVIEW RECORD - Completed by Interviewer**INTERVIEWER CHECKS OFF EACH ITEM AS DISCUSSED.**

- What is The Auxiliary? - Persons interested in actively supporting the civilian component of the U.S. Coast Guard. Not a yacht club. A service organization composed of volunteers with emphasis on active support of many Coast Guard missions.
- What Members Can Expect From The Auxiliary - Training, new skills, fellowship, public service. A sense of pride from assisting others.
- What The Auxiliary Expects From Members - Dedication, fellowship, public service, professional conduct and participation.
- Importance of Professional Conduct in All Activities - Review general Coast Guard Auxiliary uniform and appearance policies, including tattooing, body marking and body piercing policies. Direct reflection on the Coast Guard and the Auxiliary. Need for sustaining quality programs and missions. Official Coast Guard/Auxiliary orders. Member training with emphasis on professionalism. Intolerance of sexual discrimination and harassment.
- Every Member is Expected to Participate in Some Program - Examples: patrols, public education, training, recruiting, public affairs, service as elected or staff officer and attendance at flotilla meetings.
- Training And Qualifications Opportunities Are Provided To Help Participation In Auxiliary Programs - Vessel examiners, air and surface operations, Auxiliary speciality courses, radio operator, public affairs, watchstander, instructor, maritime environmental patrols, navigational aids verifier, member services, interpreter, AUXCHEF.
- Personal Costs Involved - Dues, uniforms, other costs. (e.g., mileage and equipment)
- Your Contribution to The Auxiliary - Special/professional skills, time, support of programs, involvement and fellowship.
- Personnel Security Investigation - Unfavorable PSI may result in disenrollment. See PSI Notice on page 3.

SECTION VI - PARENT/GUARDIAN SIGNATURE If Applicant is a Minor

I/We certify that this applicant has no other legal guardian other than me/us and I/we consent to his/her membership in the United States Coast Guard Auxiliary.

PARENT/GUARDIAN SIGNATURE

DATE

SECTION VII - APPLICANT STATEMENT AND SIGNATURE - Completed by applicant

1. Are you currently serving as a member of the U.S. Armed Forces? Yes No If Yes, indicate branch: USA USN USMC USAF USCG If yes, indicate status: Active Duty Reserve National Guard Air National Guard .
2. Have you ever served as a member of the U.S. Armed Forces in the past? Yes No If Yes, indicate branch: USA USN USMC USAF USCG You must attach to this application a copy of your DD-214 (Certificate of Release or Discharge from Active Duty) which shows the entry in the "Reenlistment Code" block.
3. Have you ever been convicted of a violation of any law of the United States, any State, possession or territory, the District of Columbia, or the Commonwealth of Puerto Rico classified as a major misdemeanor or a felony? Yes No If Yes, you must attach to this application a statement of specifics including date, city and State offense occurred, disposition, and any comments including mitigating circumstances, along with a copy of your court documents.
4. Do you have a pending or unresolved criminal court action or judicial proceeding? Yes No If Yes, you must attach to this application a statement of specifics including effective date, city and State offense occurred, along with a copy of your court documents.
5. Are you under criminal restraint, serving a sentence, on parole, probation, or other civil restraint? Yes No If Yes, you must attach to this application a statement of specifics including effective date, city and State offense occurred, along with a copy of your court documents.
6. I affirm under the penalties of perjury as to the truth of all the statements contained in this application and authorize verification for the official use of the U.S. Coast Guard and U.S. Coast Guard Auxiliary. I understand that any false statement contained herein is grounds for my disenrollment from the U.S. Coast Guard Auxiliary.
I PLEDGE TO SUPPORT THE U.S. COAST GUARD AUXILIARY AND ITS PURPOSES, AND TO ABIDE BY THE GOVERNING POLICIES ESTABLISHED BY THE COMMANDANT OF THE U.S. COAST GUARD.

APPLICANT SIGNATURE

DATE

SECTION VIII - DIRECTOR OF AUXILIARY (DIRAUX) ENDORSEMENT

MEMBER NUMBER

DATE OF ENROLLMENT

BASE ENROLLMENT DATE

APPLICANT IS ACCEPTED

DIRAUX SIGNATURE

DATE

Director of Auxiliary waiver letter attached, if applicable - see SEC VII.

Note: If applicant is not accepted, explain in detail on a separate sheet of paper and attach

NOTICE: The copy of this form submitted to DIRAUX/SECCEN **MUST HAVE** original signatures and dates signed in Ink.

SECTION IX - VERIFICATION OF U.S. CITIZENSHIP - See Instructions

SECTION A - To be filled out by applicant:

I attest that I am (Check one of the following)

- A U.S. citizen or national by birth in the U.S. or U.S. territory/possession
- A U.S. citizen, but was not born in the U.S.

SECTION B - To be completed by an Auxiliary Fingerprint Technician (FT) or Citizenship Verifier (CV) or by a Law Enforcement (LE) Officer. *Indicate by checking appropriate box. Photocopy required- see Section IV.*

- Birth Certificate showing that you were born in the United States of America
- FS-240 (Report of Birth Abroad of a Citizen of the United States) Month/Day/Year _____
Explanation _____
- FS-545 (Certificate of Birth-Foreign Service)
- DS-1350 (Certificate of Birth issued by U.S. Department of State)
- A United States Passport (current or expired) or United States Passport Card (current or expired)
Passport/Passport Card Number _____ Month/Day/Year Issued _____
- A Certificate of U.S. Citizenship (INS Form N-560 or N-561) Where Issued?
City _____ State _____ Certificate # _____ Month/Day/Year _____
- A Certificate of Naturalization (INS Form N-550 or N-570) Where Naturalized?
Court _____ City _____ State _____ Certificate # _____ Month/Day/Year _____

AUXILIARY FT/CV NAME Donald Hershman	EMPLID 1229368	SIGNATURE	DATE
LAW ENFORCEMENT OFFICER NAME	AGENCY & ID #	SIGNATURE	DATE

SECTION X - PRIOR/CURRENT CLEARANCE DETAILS - Completed by applicant - See Instructions

I have have not been issued a security clearance by a federal agency within the past ten (10) years. If yes, SEE INSTRUCTIONS and complete pages 6, 8 & 9.

NOTES

PRIVACY ACT STATEMENT

In accordance with 5 USC 552a(e)(3), the following information is provided to you when supplying personal information to the United States Coast Guard.

1. AUTHORITY which authorized the solicitation of the information: 14 USC Sec 823
2. PRINCIPAL PURPOSE(S) for which information is intended to be used: To establish eligibility for enrollment and a record for the individual in the Auxiliary Database (AUXDATA).
3. THE ROUTINE USES which may be made of the information: Provide identification, address and personal information to the following: (1) Directors of Auxiliary. (2) Members of the Auxiliary.
4. WHETHER OR NOT DISCLOSURE of such information is mandatory or voluntary (required by law or optional) and the effects on the individual, if any, of not providing all or any part of the requested information: Disclosure of this information is voluntary, but failure to provide information will prevent enrollment of the person in the Auxiliary.

PERSONNEL SECURITY INVESTIGATION STATEMENT

Agreement to undergo the requisite Personnel Security Investigation (PSI) is not a guarantee of membership. An unfavorable PSI determination may result in your disenrollment despite any training, duties, activities you may have performed and/or personal investments in time, effort, resources you may have expended as part of the Auxiliary.

NOTICE: The copy of this form submitted to DIRAUX/SECEN *MUST HAVE* original signatures and dates signed in ink.

OFI FORM 86C

SPECIAL AGREEMENT CHECK (SAC)

U.S. OFFICE OF PERSONNEL MANAGEMENT
Center for Federal Investigative Services

United States Coast Guard - DHS Agreement : Number 1-2004	OPM USE ONLY	OPM Codes	Case Number
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AGENCY USE ONLY (COMPLETE ITEMS 1 THROUGH 14 USING INSTRUCTIONS FROM THE BACK)

1. SUBJECT'S FULL NAME			2. DATE OF BIRTH		
Last Name	First Name	Middle Name (Suffix)	Month	Day	Year

3. PLACE OF BIRTH (Use the two letter code for the State)			4. SOCIAL SECURITY NUMBER		
City	County	State	Country		

5. OTHER NAMES USED AND DATES WHEN USED					
Name	From Month Year	To Month Year	Name	From Month Year	To Month Year
Name	From Month Year	To Month Year	Name	From Month Year	To Month Year

6. SEX (Mark one box) <input type="checkbox"/> Female <input type="checkbox"/> Male	7. SPECIAL AGREEMENT CODES	8. POSITION TITLE
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9. SON H S 1 0	10. SOI H S 1 0	11. IPAC-ALC Number	12. Accounting Data
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13. OTHER INFORMATION REQUIRED BY AGREEMENT

9. CITIZENSHIP
Mark the box at the right that reflects your current citizenship status, and follow its instructions.

<input type="checkbox"/>	I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. — Answer items b and d
<input type="checkbox"/>	I am a U.S. citizen, but I was NOT born in the U.S. — Answer items b, c, and d

(Code N) Bureau of Vital Statistics Complete all blocks as required.

Mother's Full Name	Mother's Maiden Name	Father's Full Name
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(Code I) Complete additional information needed for the INS check. All questions in item 13 (c-e) must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter None/Ur N/A).

c. UNITED STATES CITIZENSHIP If you are a U.S. Citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.

Naturalization Certificate (Where were you naturalized?)

Court	City	State	Certificate Number	Month/Day/Year Issued
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Citizenship Certificate (Where was the certificate issued?)

City	State	Certificate Number	Month/Day/Year Issued
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State Department Form 240 Report of Birth Abroad of a Citizen of the United States

Give the date the form was prepared and give an explanation if needed.	Month/Day/Year	Explanation
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U.S. Passport

This may be either a current or previous U.S. Passport	Passport Number	Month/Day/Year Issued
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d. DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.

	Country
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14. Name and Title of Requesting Official	Signature of Requesting Official	Telephone Number ()	Date
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Standard Form 85
 Revised December 2013
 U.S. Office of Personnel Management
 5 CFR Parts 731 and 736

Form Approved
 OMB No. 3206-0261

**QUESTIONNAIRE FOR NON-SENSITIVE POSITIONS
 UNITED STATES OF AMERICA
 AUTHORIZATION FOR RELEASE OF INFORMATION**

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation or reinvestigation to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information to include publically available electronic information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I understand that, for some sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85, and that it may be disclosed by the Government only as authorized by law.

Photocopies of this authorization with my signature are valid. This authorization is valid for two (2) years from the date signed.

Signature <i>(Sign in ink)</i>		Full name <i>(Type or print legibly)</i>		Date signed <i>(mm/dd/yyyy)</i>
Other names used				Social Security Number
Current street address Apt. #	City <i>(Country)</i>	State	ZIP Code	Home telephone number