

DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD ANSC 7001 (10-24)	<b>U.S. COAST GUARD AUXILIARY ENROLLMENT APPLICATION</b>	District	Division	Flotilla
	<u>No alterations, pen/ink changes to this form's text, or e-signatures are authorized.</u> (See instructions on filling out this form)			
	Detachment Number (if required)			

**PRIVACY ACT STATEMENT**

**Authority:** 14 U.S.C. § 39; 14 U.S.C. § 504, Commandant; general powers; and 14 U.S.C. § 505  
**Purpose:** To establish eligibility for enrollment and record a member's personal information.  
**Routine Uses:** This information will be used to provide identification, address, and personal information to District Directors of Auxiliary and members of the Auxiliary. Information may be disclosed externally as a "routine use" pursuant to DHS/USCG-014, Military Pay and Personnel, 76 Federal Register 66933 (October 28, 2011) and DHS/USCG-024 Auxiliary Database, 79 Federal Register 23001 (April 25, 2014).  
**Disclosure:** Furnishing this information is voluntary. However, this form is required to be completed for an individual to enroll in the Auxiliary. Failure to provide this information may result a in delay of enrollment or a denial of enrollment.

SECTION I – APPLICANT'S INFORMATION  
(Completed by Applicant – See Instructions )

First Name	Middle Name (Required)	Last Name	Suffix
Other Last Names Used (if any) (aliases, maiden name, married name, legal name changes, etc.)		Occupation (Select up to 3 max acceptable 6-Digit Codes from the Pop Up List). Place your main/current occupation in the first box. This is the one that will be entered into the Database.	

**Check the following to attest to your citizenship: (See paragraph 3.d of instructions)** (Section V, *Verification of Citizenship Status*, needs to be completed) (Original and valid proof of identity must be provided and will be photocopied.)  
A citizen of the United States

If you are a dual citizen of the United States and another country, provide the name of that country:

<a href="#">NASBLA Approved Boating Safety Course?</a> (If yes, provide certificate for validation) YES / NO	Education Level (see paragraph 3.f of instructions)	Spouse Name
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Place of Birth	Date of Birth (MM/DD/YYYY)
City: _____ State: _____	
Province: _____ Country: _____	

Social Security Number	Gender	Ethnicity (see paragraph 3.m. of instructions)
_____	MALE      FEMALE	

Email (Primary)	Email (Secondary)
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Mobile Phone	Home Phone	Business Phone	Fax Number
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**Mailing Address:** Number and Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Country \_\_\_\_\_

**Residential Address** (Must be filled in if different from your mailing address):  
Number and Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Country \_\_\_\_\_

**Emergency Contact Information** (Should be someone not living with you, if possible):

First Name	Middle Name	Last name	Suffix
Relationship	Home Phone	Mobile Phone	Business Phone

**Emergency Contact Address:**  
Number and Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Country \_\_\_\_\_

**Notice: The copy of this form submitted to DIRAUX *MUST HAVE* original signatures and dates signed in black or blue ink. Do not e-mail a completed Application unless it is password protected.**

**Military Service? YES NO** If yes, fill in the table. Veterans/retirees must provide a copy of each valid DD-214 or [equivalent \(or other discharge paperwork\)](#) as part of this enrollment package. The interviewer must visually sight the applicant's military ID card if they are currently serving on active duty or in the Reserves (A copy of the ID card does not need to be provided) **(See instructions paragraph 3.t.i for Branch and 3.t.ii for Status.)**

Branch	Status (Active, Reserve, Veteran, Retired, Prior Military Service)	Pay Grade (e.g., E-6, W-2, O-4)	Separation Date (If more than one, cite all)	Character of Service (As displayed on the DD-214 or equivalent)	Separation Code	Re-entry Code

**\*\*If Re-entry/Re-enlistment Code is RE-3 or RE-4, then on a separate sheet of paper, please provide an explanation of why you received either of those codes.**

**Prior USCG Auxiliary? (If yes, fill in the table.) YES NO**

Initial Enrollment Date	Member ID (7 digit)	Disenrollment Date (If Known)	Reason for Disenrollment	District	Division and Flotilla Number

**Was your membership terminated for cause or for any disciplinary reasons? (If Yes, please provide details on separate sheet of paper.)**  
**YES NO**

**Who is responsible for recruiting you into the Auxiliary?**

Provide name and Division / Flotilla number

Are you a Member of the Boy Scouts of America, Sea Scouts? If Yes, must provide for visual sighting a Sea Scout Membership Card or Sea Scout membership application form if a Sea Scout ID card has not yet been issued) . YES NO

Do you intend to be a member of the Auxiliary University Program (AUP)? YES NO

**SECTION II – BACKGROUND CHECK  
(Completed by Applicant - See Instructions)**

**Any Arrests / Charges / Convictions / Other Issues?** (Note: You may exclude minor traffic violations unless drugs, alcohol, or injury were involved.) **YES NO**

If you checked "Yes", then on a separate sheet of paper, please list all arrests, charges, and/or convictions regardless of age or place of incident (nationally or internationally), and whether the record in your case has been sealed, expunged, or otherwise stricken from court records. You must include all military courts-martial or non-judicial punishment (Article 15, UCMJ, or Captain's Mast). You must also include detailed information about any other issues that may affect suitability of membership, such as (but not limited to): any past or present issues such as restraining orders, warrants, parole, probation, etc.; any civil action alleging wrongful death, assault, battery, or child custody/support; any involuntary confinement for psychiatric evaluation or confinement as a voluntary or involuntary patient for the treatment of mental illness or substance abuse; any adjudication of mental illness or dangerous mental illness and in need of involuntary care and treatment in a facility treating persons suffering from mental illness; or any adverse financial issues such as failing to pay taxes, failing to meet financial obligations, failing to pay child or spouse support (if ordered), etc. Please provide a statement of specifics about each incident and include it with the list. The statement must include date, location (city, county, state, country) of incident, the disposition, and any additional facts including mitigating circumstances, along with copies of the accusatory instrument(s) and court documents reflecting the disposition. **Failure to provide all required information may result in your membership application being denied or your subsequent disenrollment if any issues are discovered after enrollment. (Please note: Some State legal systems may claim that a criminal record is expunged, however all arrests and convictions are identified in any federal background check so ensure all arrests and convictions are noted even though a State legal system claims the record was expunged.)**

Initial here to acknowledge that you understand and have provided all requested information regarding Arrests/Charges/Convictions/Other Issues Section of this Enrollment Application Form: \_\_\_\_\_

Initial here to acknowledge that you understand that if you are accepted as a member of the Auxiliary, you will self-report any arrests, charges, and/or convictions to your Chain of Leadership and Management (COLM) immediately and will be subject to disciplinary action for failing to do so, if deemed appropriate: \_\_\_\_\_

**SECTION III - PARENT(S)/GUARDIAN(S) NAME(S) AND SIGNATURE(S)**  
**(Required for Applicants under 18 years of age)**

I/We certify that this applicant has no other legal guardian other than me/us, and I/we consent to their membership in the United States Coast Guard Auxiliary and the Coast Guard Auxiliary Association, Inc. (See Instructions for more information about the Auxiliary Association.)

Parent/Guardian Name	Signature (e-signature not authorized)	Date (MM/DD/YYYY)
Co-Parent/Guardian Name	Signature (e-signature not authorized)	Date (MM/DD/YYYY)

**SECTION IV - APPLICANT CONSENT / STATEMENT / PLEDGE AND SIGNATURE**  
**(Completed by Applicant - See Instructions )**

1. I permit the Coast Guard to use my full legal name, Social Security Number, date of birth, and any other information for identification purposes and to obtain background information from any person, entity, corporation, or government agency (local, state, or federal) to be used to determine initial membership eligibility, and consent for the same information to be used for annual background checks to determine sustained suitability for service.
2. I acknowledge that agreement to undergo the requisite background check is not a guarantee of membership. An unfavorable background check determination may result in denial of my application or subsequent disenrollment from the U.S. Coast Guard Auxiliary despite any training, duties, activities that I may have performed as well as any personal investments in time, effort, and resources that I may have expended in my association with the Auxiliary.
3. I affirm under penalty of perjury that all statements contained in my application for membership in the U.S. Coast Guard Auxiliary are true and complete, and I authorize verification of my statements for the official use of the U.S. Coast Guard and U.S. Coast Guard Auxiliary. I understand that ANY false statement, failure to disclose, or shortfall in provision of information contained herein is grounds for immediate denial of my application or immediate disenrollment from the U.S. Coast Guard Auxiliary.
4. I acknowledge that I have read the information provided to me about the [Coast Guard Auxiliary Association, Inc.](#) and understand its relationship to the U.S. Coast Guard Auxiliary. I further understand that in order to be a member of the Coast Guard Auxiliary I must also be a member of the [Coast Guard Auxiliary Association, Inc.](#) I hereby consent to membership in the [Coast Guard Auxiliary Association, Inc.](#) (See Addendum in the Instructions for more information about the Auxiliary Association.)
5. 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 (e-signature not authorized)

Date (MM/DD/YYYY)

\_\_\_\_\_

\_\_\_\_\_

**SECTION V - VERIFICATION OF CITIZENSHIP STATUS**  
 (See paragraph 3.d. in the Instructions.)

**Part A: To be filled out by applicant:**

I attest that I am (Check the following)

A United States Citizen (Native Born, Born Abroad to U.S. Parents, or Naturalized)

**Part B: Must be completed by an Auxiliary Citizenship Verifier (CV), Auxiliary Fingerprint Technician (FT), or a Law Enforcement (LE)**

**Officer (Federal, State, or Local):** \_\_\_\_\_

Must provide one (1) document from List A; or one document from List B and one (1) document from List C.

All Applicants must provide a valid Social Security Card and must provide original documents for verification. Indicate by checking appropriate box. Photocopies of documents (except Social Security Card) are required to be submitted with package - See section IV.

\*U.S. Social Security Administration number card (U.S. Social Security Administration number card that is unrestricted. A laminated card is acceptable. A card that includes any of the following restrictive wording is **NOT** an acceptable document: NOT VALID FOR EMPLOYMENT; VALID FOR WORK ONLY WITH INS AUTHORIZATION; or VALID FOR WORK ONLY WITH DHS AUTHORIZATION. [Check here to order a replacement Social Security Card.](#)

**List A - The following is used to provide both proof of identification and authorization of membership (must contain a photograph, be valid, and unexpired except for a United States Passport, see below).**

United States Passport or United States Passport Card (Expired U.S. Passports are acceptable however it must be accompanied by a current valid federal or state photo ID.)

**List B - The following is used to provide proof of identification (must contain a photograph, be valid, and unexpired).**

Driver's License or identification card issued by a state or outlying territory of the U.S., provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address (Real ID required after May 2025).

ID card issued by federal, state, or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address. (Common Access Card (CAC) is acceptable)

School ID card with a photograph

U.S. military ID card (Common Access Card (CAC))

Military dependent's ID card

U.S. Coast Guard Merchant Mariner Credential (MMC)

Native American tribal document

Individual under the age of 18 who is unable to present a document listed above.

Provide one of the following:

School record or report card

Clinic, doctor, or hospital record

Day care or nursery school record

**List C - The following is used to prove citizenship (must be valid).**

FS-545, Department of State, Foreign Service of the United States of America, Certification of a Citizen of the United States of America.

DS-1350, Department of State Certification of Report of Birth of a United States Citizen.

FS-240, Department of State, Consular Report of Birth Abroad of a Citizen of the United States of America.

Birth certificate showing birth in the United States (Original or certified copy of a birth certificate issued by a state, county, municipal authority, or outlying territory of the United States bearing an official seal)

Native American Tribal Document

I-197, U.S. Citizen ID Card (no longer issued but still valid)

I-179, Identification card for use of resident citizen in the United States (no longer issued but still valid)

Document issued by the Department of Homeland Security (DHS)

Provide one of the following:

N-560(A or AB) or N-561, Certificate of Citizenship

N-550 or N-570, Certificate of Naturalization

Auxiliary CV / FT Name:	CV / FT Member ID number:	Signature: _____ Date: _____ (MM/DD/YYYY)
Law Enforcement Officer Name:	LE Agency and Badge/ID Number:	Signature: _____ Date: _____ (MM/DD/YYYY)

## SECTION VI - FLOTILLA CERTIFICATION AND ATTACHMENTS (See instructions)

New Enrollment

Re-enrollment (last Auxiliary district: \_\_\_\_\_ / disenrollment month/year: \_\_\_\_\_) (Section I)

- o Previous Member ID Number: \_\_\_\_\_
- o Was a waiver of a background check issued by a previous DIRAUX? Yes No. If Yes, which DIRAUX Office? \_\_\_\_\_
- o Statement of previous discipline action, if applicable. (copy attached)

Complies with Coast Guard tattooing, body marking, and body piercing policies: [Coast Guard Tattoo Policy \(uscg.mil\)](http://uscg.mil)

Applicant is a current youth / adult member of the BSA Sea Scouts (Sea Scout membership card viewed or if no card issued, Sea Scout membership application form viewed). (Section I)

New Member Exam successfully completed solely by the applicant without any assistance. If there is any reason to suspect this is not true, then the interviewer shall proctor a new exam.

- o Date \_\_\_\_\_ Score \_\_\_\_\_

Privacy Act Statement read. (Page 1)

[Review Boating Safety Course Certificate](#): Yes No

- o Date of Certificate \_\_\_\_\_ Issued by: \_\_\_\_\_ (Section I / Visually Sighted Boating Safety Course Certificate)

Citizenship Status verified per Section V of this form (copies attached).

Copy of DD-214 (or equivalent) displaying character of service, separation code, and reentry code. (Section I / copies attached)

Arrests/Charges/Convictions/Other Issues section completed with two (2) initials. (Section II)

Consent to initial and annual background check signed and dated. (Section IV)

Separate sheet provided with statement of specifics and associated court documents for disclosed arrests and convictions provided, if applicable? (Section II)

Will new member be immediately supporting a CG unit that requires the member to have a Direct Informational (DI/Tier 1) or Direct Operational (DO/Tier 3) background investigation?

- o If yes, has the new member held a security clearance by a federal agency within the last two years? Yes No

## SECTION VII - APPLICANT INTERVIEW RECORD

**(Completed by interviewer. Check off each item as discussed. See Instructions)**

What is the Auxiliary? Persons interested in actively supporting the uniformed volunteer component of the U.S. Coast Guard. It is a service organization that focuses its support on all Coast Guard missions except direct law enforcement and combat operations.

What Auxiliarists can expect: Excellent training, new skills, fellowship, public service, and a sense of pride from assisting others.

What the Coast Guard expects: Adherence to Coast Guard Core Values (Honor, Respect, and Devotion to Duty), professional conduct, public service, participation, and fellowship.

Auxiliarists are required to self-report immediately to their Chain of Leadership and Management (COLM) if they are ever arrested, convicted, etc., and they are required to report immediately if they become aware of the arrest, conviction, etc. of a fellow Auxiliarist.

Importance of professional conduct: Review basic Auxiliary uniform and appearance policies, including tattooing, body marking, and body piercing policies. The Auxiliary casts a direct reflection on the Coast Guard. There is zero tolerance for harassment, discrimination, and disrespect of any kind.

Every Auxiliarist is expected to participate in some program(s). Examples: patrols, public education, training, recruiting, public affairs, service as elected or staff officer, and attendance at flotilla meetings.

Training and qualification opportunities: There is a wide variety of opportunities including: leadership training; vessel examiner; instructor; air and surface operations; radio operator; public affairs specialist; culinary services support; religious ministry support; cyber support; youth development program support; language interpreter; health services support; advanced specialty courses.

Personal costs: Dues, uniforms, other costs (e.g., mileage and equipment).

Auxiliarists are eligible to apply for [Coast Guard Mutual Assistance \(CGMA\)](#) loans/grants including access to CGMA's educational assistance program, but they are not eligible for CG Tuition Assistance or advanced educational programs.

Your contribution to the Auxiliary: Special/professional skills, time, support of programs, involvement, and fellowship.

Computer expectations: The Coast Guard is a PC-based agency that uses Microsoft Office products (e.g., Word; Outlook; Excel; PowerPoint). Not having such capabilities in a personal computer may cause considerable difficulties in accessing and using Coast Guard and Auxiliary information systems and associated online tools that cause challenging workarounds or inaccessibility.

Email expectations: The Coast Guard primarily uses email to communicate updates to policy, pass vital programmatic information, etc., so ensuring that each Auxiliarist has a valid and unique email address is important. In addition, an email address is required to log into the Auxiliary Database (AUXDATA II) which allows members to update some personal information, log training, log activity hours, etc. Not having such capabilities cause considerable difficulties; challenging workarounds, or inaccessibility.

AUXDATA II, Member Information, and Skills & Availabilities Expectations: After completion of enrollment process, it is expected that all new members log into AUXDATA II to become familiar with the database, review their member information (on a regular basis), and update any personal information as needed. It is also expected that all new members input their skills, expertise, and availability in AUXDATA II as soon as possible. Any questions about AUXDATA II should be submitted to the Flotilla Information Systems Staff Officer (FSO-IS).

[Coast Guard Auxiliary Association, Inc.](#) (Auxiliary Association) membership: Everyone who joins the Auxiliary must also join its 501(c)(3) non-profit corporation, the Auxiliary Association. This corporation has broader authority and flexibility than the Auxiliary itself to solicit gifts and broker donations that can be used to support the Auxiliary. Though Auxiliarists do not pay any dues or fees for membership in the Auxiliary Association, a portion of every Auxiliarist's annual Auxiliary dues is provided to the Auxiliary Association to help manage and support national Auxiliary programs. Ensure the applicant has reviewed the information about joining the [Coast Guard Auxiliary Association, Inc.](#) (See Addendum in the Instructions for more information about the Auxiliary Association.)

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Do not e-mail a completed application unless it is password protected.**

I hereby acknowledge that I have discussed and/or checked the items in Section VI and VII with the applicant:

Interviewer Name: \_\_\_\_\_ Interviewer Position \_\_\_\_\_

Interviewer Signature (e-signature not authorized): \_\_\_\_\_ Date: \_\_\_\_\_ (MM/DD/YYYY)

I hereby acknowledge that I have reviewed, understand, and agree to the items discussed with me in this section:

Applicant Signature (e-signature not authorized): \_\_\_\_\_ Date: \_\_\_\_\_ (MM/DD/YYYY)

**SECTION VIII - FLOTILLA COMMANDER (FC) ENDORSEMENT  
(Needs to be signed by Flotilla Commander or above)**

Flotilla Commander's printed Name: \_\_\_\_\_

Flotilla Commander Signature (e-signature not authorized): \_\_\_\_\_ Date: \_\_\_\_\_ (MM/DD/YYYY)

**SECTION IX – DISTRICT DIRECTOR OF AUXILIARY (DIRAUX) ENDORSEMENT  
(To be completed only after results of the Operational Support (OS) background check have been obtained and determined to be either Favorable or subject to DIRAUX waiver)**

Member ID:	Date of Enrollment Action (MM/DD/YYYY):	Initial Enrollment (MM/DD/YYYY):	Re-enrollment (MM/DD/YYYY):
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Application is: **Accepted**      **Not Accepted**

Member ID: \_\_\_\_\_

Enrollment Action:      Initial Enrollment  
   Re-enrollment

Date of Enrollment Action: \_\_\_\_\_

District Director of Auxiliary Name: \_\_\_\_\_ DIRAUX Office \_\_\_\_\_

District Director of Auxiliary Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (MM/DD/YYYY)

Due to OS background check results, DIRAUX waiver letter or letter of caution attached (Section II).

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

See Separate Form "7001 Enrollment Application Instructions" on how to fill out this 7001 Form