



U.S. Coast Guard Auxiliary

Application For Augmentation

Application for Augmentation Process

The Process:

Sector, Unit, Dept. or Facility.

Available augmentation positions will be presented to the units Aux Liaison Officer for forwarding to the Auxiliary Sector Coordinator. The Auxiliary Sector Coordinator will post the available position to all Aux members in the Unit's local area. The posted notification to the members will have the following information. A brief description of position to be filled, requirements, training needed, concessions by the unit such as On the Job Training, PQS, Oral Board and designation letter.

The Applicant

Upon the decision to apply for the posted position the Applicant will contact the Auxiliary Sector Coordinator and request an Application for augmentation. The Applicant will return a completed application along with a copy of the front of the members Auxiliary ID to the Auxiliary Sector Coordinator for processing.

Minimum requirements to apply

All applicants must hold and be current in the following competencies; BQ Status, Core Training, BQCII, FEMA ICS-100, 200, 700, 800 and 210, Risk Management TCT with most current refresher course, Blood borne pathogens, current uniform inspection and any other requirements set forth by the requesting unit.

Also any requirement that pertains to a specific skilled job set such as and not limited to Radio Watch Stander, Aux Chef, Air Observer, Qualified Marine Safety (not training positions) such as Assistant Container Inspector, Assistant Facility Inspector, UTV/UPV Inspectors, any added requirements set forth by the requesting unit.

Auxiliary Sector Coordinator

The Auxiliary Sector Coordinator will notify the applicant their application is in Review Status. The ASC will verify the application for accuracy and ensure the minimum requirements are met before forwarding the application to the Unit OIC or Designate. The Auxiliary Coordinator will notify the applicant of any changes in status of their application or may request additional information.

Unit OIC or Designate.

Upon receiving the prospective auxiliary members application for augmentation the OIC or Designate should review the application to make a determination if the applicant fits the criteria for the selected position. If the auxiliary member application is accepted the Auxiliary Coordinator should be notified to make arrangements for a pre-augmentation interview meeting with the member and the unit for a final determination. The OIC or Designate can announce a determination immediately after the interview or at a later date to the applicant. An acceptance or rejection of the applicant can be routed through the Auxiliary Sector Coordinator or can be done directly to the applicant.



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Position Applying For: _____
 At Sector, Unit, Station _____
 Aux Liaison Officer _____
 Aux Sector Coordinator _____

Unit OIC Initials
Apprv. _____
<i>Office Use Only</i>
Apprv. _____
Apprv. _____

Members ID Number _____	Flotilla Number _____
Members Name _____	Email _____
Members Address _____	Phone # _____
Members Highest Ranking Office _____	AUXOP _____
Current Flotilla Commander _____	
Do you have an ALAC? _____	Distance from home to unit applying for _____ Mi.

Commitment to Serve on a reoccurring weekly bases

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Hrs
Hours Per Day								

Commitment to Serve on a reoccurring monthly bases

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Week 1
Hours Per Day								
Hours Per Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Week 2
Hours Per Day								
Hours Per Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Week 3
Hours Per Day								
Hours Per Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Week 4
Hours Per Day								
	Total Hrs							

Though I am under no obligation I will faithfully pledge to the time stated above.

Members Signature: _____	Date _____
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OIC Acceptance of member's time commitment

Initials: _____



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<i>Members ID Number</i> _____	<i>Flotilla Number</i> _____
<i>Members Name</i> _____	<i>Email:</i> _____
<i>Members Address</i> _____	<i>Phone #</i> _____
<i>Position Apply For:</i> _____	<i>Date:</i> _____

Qualifications and Certifications for Position Applying

Verified Certified Date	Minimum Qualifications	Current	
		Yes	No
	Basically Qualified Status "BQ"		
	Core Training		
	BQCII Training Military Protocol Training		
	Risk Management TCT Training		
	Risk Management TCT Refresher Course		
	Blood Born Pathogens		
	FEMA ICS -100		
	FEMA ICS -200		
	FEMA ICS -700		
	FEMA ICS - 800		
	FEMA ICS - 210		

Verified Certified Date	Specific Job Certifications	Current	
		Yes	No

Please Attach Copies of Designation Letters

The Above Information has been verified by the Auxiliary Sector Coordinator Date: _____

Sign: _____



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<i>Members ID Number</i>	_____	<i>Flotilla Number</i>	_____
<i>Members Name</i>	_____	<i>Email:</i>	_____
<i>Members Address</i>	_____	<i>Phone #</i>	_____
<i>Position Apply For:</i>	_____	<i>Date:</i>	_____

Tell us a little about you. Why did you join the Auxiliary? What are your likes, hobbies and goals? etc..

Tell us a little about your work background?