



United States Coast Guard Auxiliary

America's Volunteer Lifesavers SM

AUX/CG 001/08

AUTHORIZATION TO AUGMENT COAST GUARD UNIT

DATE:

PERSONAL DATA OF APPLICANT

MEMBER NAME:

MEMBER NUMBER:

FLOTILLA:

PSI STATUS:
(CHECK ONE)

DIRECT OPERATION

OPERATIONAL SUPPORT

*If you don't know, contact DIRAUX
This is required*

PHONE NUMBERS

Email:

Home:

Work:

Cell:

HOME LOCATION

WORK LOCATION

CITY:

CITY:

STATE:

STATE:

COMPANY NAME:

TRAINING AND QUALIFICATIONS (as of rev. date below)

- | | | | |
|-----------------------------------|---|---|--|
| <input type="checkbox"/> ISC-100* | <input type="checkbox"/> AUXOP | <input type="checkbox"/> IIMS | <input type="checkbox"/> Diver Skills |
| <input type="checkbox"/> ISC-200* | <input type="checkbox"/> CX,CR(Coxswain/Crew) | <input type="checkbox"/> HAZWOPER | <input type="checkbox"/> VE(Vessel Examiner) |
| <input type="checkbox"/> ISC-300 | <input type="checkbox"/> IT(Aux Instructor/Trainer) | <input type="checkbox"/> CWS (Communications Watch Stander) | <input type="checkbox"/> |
| <input type="checkbox"/> ICS-700* | <input type="checkbox"/> CS(Computer Skills) | <input type="checkbox"/> | |
| <input type="checkbox"/> ICS-800* | <input type="checkbox"/> PA (Public Affairs Specialist) | <input type="checkbox"/> Language Skills (Specify) | |

Please check all completed Training and Qualifications that apply.

The starred (*) courses may be required to work on an Active Duty Command.

PROVIDE A NARRATIVE OF YOUR PERSONAL SKILLS, OR QUALIFICATIONS, OR SUBMIT RESUME (include positions held within and/or outside the Auxiliary), OR OPR III SKILLS CHECK LIST, located at http://forms.cgaux.org/archive/op_ready.pdf

**Job desired if Coast Guard Unit has already solicited specific assistance.*

POSITION REQUESTED:

IN WHICH UNIT OR DEPARTMENT:

NOTE: A COPY OF MEMBER I.D.CARD, WITH PHOTO MUST BE ATTACHED (see attachments page 2)

AVAILABILITY

CHECK DAYS AVAILABLE: MON TUE WED THU FRI SAT SUN

COMMITMENT

I request admission to the Coast Guard Unit. I understand that this requires a commitment to augment the Sector for a minimum of one year, during which time I will pursue training and qualification under the guidance of a mentor assigned by the Auxiliary Sector Coordinator or Designee.

MEMBER SIGNATURE:

DATE:

This information is subject to the Privacy Act of 1974. To be used only for Official Business of the United States Coast Guard or the Coast Guard Auxiliary

AUX/CG 001/08

MEMBER NAME: _____ **MEMBER NUMBER:** _____ **FLOTILLA:** _____

FLOTILLA ENDORSEMENT and ASSIGNMENT TO DUTY

(Please CHECK One) **APPROVAL:** (sign & forward to ASC or AUXULO, depending on where member wants to work.)
 DISAPPROVAL: (return package to member.)

I have reviewed member's request and attachments
FLOTILLA COMMANDERS SIGNATURE: _____ **DATE:** _____

AUXILIARY SECTOR COORDINATOR or AUXULO RECOMENDATION (Depending on where member wants to work)

(Please CHECK One) **APPROVAL** (sign & forward to appropriate Coast Guard Unit-Dept/Div/Branch/Sub-Unit)
 DISAPPROVAL (return package to Flotilla Commander)

COMMENTS:

I have reviewed member's request and attachments
SIGNATURE: _____ **DATE:** _____

COAST GUARD UNIT (Recommendation, Placement and Mentor Assignment)

Recommendation: (Please CHECK One) **APPROVAL** (sign, make copy, forward to- Dept/Div/Branch/ Sub-Unit)
 DISAPPROVAL (return package to ASC or AXULO)

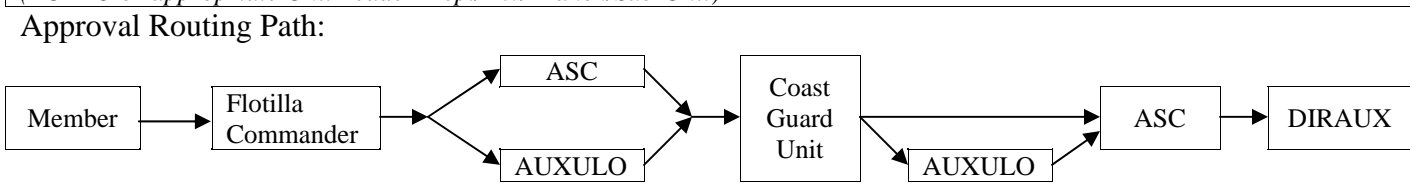
Placement: Member is directed to report to:

Dept: _____	OIC: _____	Phone: _____
Division: _____	_____	_____
Branch: _____	_____	_____
Sub-Unit: _____	_____	_____

Mentor assigned to member: _____ **Phone:** _____

I have reviewed member's request, attachments, placement and mentor assignment

Signature: _____ **Date:** _____
 (AUXLO or appropriate Unit Leader-Dept/Div/Branch/Sub-Unit)



Attachments: (1) Copy of Member I.D. Card
 (2) Resume (limit to one page)
 (3) OPR III Skills Check List

Copy: (1) DCO and all signatory parties
 (2) Coast Guard Unit /dept(s)
 (3) Member file at DIRAUX