

U.S. AIR FORCE RESERVE INQUIRY: CHAPLAIN ASSISTANT

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C, Section 12321, Reserve Office Training Corps Unit: Limitation on number of Reserves assigned, and E.O. 9397
 PRINCIPLE PURPOSE: To record information on inquires.
 ROUTINE USE: To establish data for future possible recruits. Information is used strictly within AFRC/HC.
 DISCLOSURE: Disclosure is voluntary. However, failure to provide information may result in non-entrance.

Personal Information

RANK & NAME OF APPLICANT		TODAY'S DATE	HEIGHT	WEIGHT	DOB	CITIZENSHIP(S) <input type="checkbox"/> US <input type="checkbox"/> Other
SSN	ETS	UNIT OF ASSIGNMENT				
STREET ADDRESS				HOME E-MAIL ADDRESS		
CITY	STATE	ZIP CODE	WORK E-MAIL ADDRESS			
HOME PHONE		WORK PHONE		CELL PHONE		
EVER BEEN CONVICTED OF A FELONY? IF YES, WHAT AND WHEN?				Priority Level <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
ARE YOU ABLE TO WORK IN A PLURALISTIC ENVIRONMENT?			WHICH CATEGORY ARE YOU INTERESTED IN AND WHY? (A=Unit or B = IMA)			
WHICH <u>BASE</u> WOULD YOU LIKE TO BE ASSIGNED TO? (provide several options and why)						

Educational Information

CCAF DEGREE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Working on degree	OTHER DEGREES? - REMARKS
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Military Service Information

CURRENT STATUS: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> Guard	BRANCH OF SERVICE <input type="checkbox"/> USAF <input type="checkbox"/> USN <input type="checkbox"/> USA <input type="checkbox"/> USMC <input type="checkbox"/> CG	TOTAL TIME IN SERVICE
<input type="checkbox"/> Prior Service _____ / _____ Service dates Branch Honourably Discharged <input type="checkbox"/> Yes <input type="checkbox"/> No	FITNESS SCORE	HAVE YOU EVER BEEN AN UNSATISFACTORY PARTICIPANT IN THE RESERVE?
CURRENT AFSC	OTHER AFSCs	SKILL LEVEL
		HIGHEST PME COMPLETED

Medical Information

LIST ANY MEDICAL ISSUES YOU CURRENTLY HAVE	
PROFILE? <input type="checkbox"/> NONE <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY	DISABILITY RATING? <input type="checkbox"/> NO

Upon completion of the above sections, return form by e-mail to afrc.hcp@us.af.mil or by fax to 478-327-0475 or DSN 497-0475. You should be contacted within 2-3 business days after the completed form is received.

AFRC/HC USE ONLY

NAME OF INTERVIEWER	NAME OF RECRUITER	PHONE NUMBER OF RECRUITER () -
REMARKS		