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| U.S. NAVAL SEA CADET CORPSU.S. NAVY LEAGUE CADET CORPS | | | | | | VOLUNTEER APPLICATION **MEMBER INFORMATION** | | | | | | | | | | FOR OFFICIAL USE ONLY | | |
| **INSTRUCTIONS: PLEASE PRINT OR TYPE ONLY FILL IN ALL BLOCKS THAT APPLY, THOSE THAT DO NOT, ENTER "NOT APPLICABLE" OR N/A** | | | | | | | | | | | | | | | | | | |
| **1.** APPLICANT INFORMATION | | | | | | | | | | | | | | | | | | |
| **1a.** Last Name | | | | | **1b.** First Name | | | | | **1c.** Middle Name | | | | **1d.** Sex  Male  Female | | | | **1e.** Social Security Number |
| **1f.** Home Address (your physical address is required for processing) | | | | | | | | **1g.** City | | | | | | | | | **1h.** State | **1i.** Zip Code + 4 |
| **1j.** Mailing Address (if different than above) | | | | | | | | **1k.** City | | | | | | | | | **1l.** State | **1m.** Zip Code + 4 |
| **1n.** Primary Phone | | | **1o.** Alternate Phone | | | | | | | | **1p.** Date of Birth (DD MMM YY) | | | | | | **1q.** State Driver’s License Number | |
| **1r.** Citizenship  U.S. Citizen  Legal Resident - Registration Number: | | | | | | | | | | | **1s.** Email Address | | | | | | | |
| **2.** EMERGENCY CONTACT INFORMATION *(will be listed as next of kin and first contact in case of an emergency)* | | | | | | | | | | | | | | | | | | |
| **2a.** Name (Last, First) | | | | | | | | | | | **2b.** Relationship  Spouse  Parent  Friend  Other: | | | | | | | |
| **2c.** Address | | | | | | | | | **2d.** City | | | | | | | | **2e.** State | **2f.** Zip Code + 4 |
| **2g.** Primary Phone | | | | **2h.** Alternate Phone | | | | | | | **2i.** E-Mail Address | | | | | | | |
| **3.** PHOTO | | | | | **4.** EDUCATION & EXPERIENCE | | | | | | | | | | | | | |
| *Current full length 3/4 side view photo*  *in appropriate attire or uniform.* | | | | | **4a.** Level of Education (Check all the apply)  GED  High School Graduate  Some College, No Yrs:       College Graduate  Post-Graduate Degree | | | | | | | | | | | | | |
| **4b.** Please list any degrees, special licenses, current memberships (community, religious, fraternal, professional, etc.): | | | | | | | | | | | | | |
| **4c.** Please list any experience working with youth in other organizations: | | | | | | | | | | | | | |
| **5.** EMPLOYMENT INFORMATION (*Active duty military may skip this section.)* | | | | | | | | | | | | | | | | | | |
| **5a.** Employer Name | | | | | | | | | | | | **5b.** Occupation/Job Title | | | | | | |
| **5c.** No. of Yrs. at Current Job | | **5d.** Location of Employment (Address, City, State, Zip) | | | | | | | | | | | | | | | | |
| **6.** MILITARY EXPERIENCE | | | | | | | | | | | | | | | | | | |
| **6a.** Branch  Air Force  Army  Marine Corps  Navy  Coast Guard  USPHS  NOAA | | | | | | | | | | | | | **6b.** Status  Active  Reserve  Inactive Reserve  Retired  Veteran | | | | | |
| **6c.** Pay Grade | **6d.** Years of Service | | | **6e.** Current Command (active & reserve only) | | | | | | | | | | | | **6f.** Date & Type of Discharge (If Applicable) | | |
| **NSCADM 002 (Rev 08/17), Page 1** | | | | | | | PREVIOUS EDITIONS ARE OBSOLETE | | | | | | | |  | | | |

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|  | | | | | | MEMBER INFORMATION | | | | | | | | | | | |  | | | | | | |
| **7.** DEMOGRAPHICS | | | | | | | | | | | | | | | | | | | | | | | | |
| **7a.** Ethnicity  White (Non-Hispanic)  Black (Non-Hispanic)  Hispanic  Asian  Native American/Alaskan Eskimo  Pacific Islander  Other  Decline to State | | | | | | | | | | | | | | | | | | | | | | | | |
| 7b. Community Profile Inner City  Urban  Suburban  Rural  Other  Decline to State | | | | | | | | | | | | | | | | | | | | | | | | |
| **8.** QUESTIONNAIRE *(*Use block 8h. if more room is needed for responses.) | | | | | | | | | | | | | | | | | | | | | | | | |
| **8a.** Have you lived at your current address for three or more years?  Yes  No  If NO, please list your last address: | | | | | | | | | | | | | | | | | | | | | | | | |
| **8b.** Have you ever been arrested for or charged with contributing to the delinquency of a minor, child neglect, child endangerment, or spousal/child abuse?  Yes  No  If YES, explain: | | | | | | | | | | | | | | | | | | | | | | | | |
| **8c.** Are there any other facts or circumstances involving you that might call into question your being entrusted with the supervision, guidance, and care of minors?  Yes  No  If YES, explain: | | | | | | | | | | | | | | | | | | | | | | | | |
| **8d.** Do you drink alcoholic beverages?  No  Socially  Moderate  Heavy  If HEAVY, explain: | | | | | | | | | | | | | | | | | | | | | | | | |
| **8e.** Do you use controlled substances or medicinal marijuana?  Yes  No  If YES, explain: | | | | | | | | | | | | | | | | | | | | | | | | |
| **8f.** Has your driver's license ever been restricted, suspended or revoked?  Yes  No  If YES, explain: | | | | | | | | | | | | | | | | | | | | | | | | |
| **8g.** Have you ever been arrested or appeared in court as a defendant in a criminal case? Answer YES even if you were not ultimately convicted of a crime.  Yes  No  If YES, explain: | | | | | | | | | | | | | | | | | | | | | | | | |
| **8h.** Additional comments (list the paragraph from above for reference) | | | | | | | | | | | | | | | | | | | | | | | | |
| **9.** BILLET ASSIGNMENT (*To be completed by Commanding Officer)* | | | | | | | | | | | | | | | | | | | | | | | | |
| **9a.** Recommended Rank (Initial appt. to ENS & above requires waiver)  LCDR  LT  LTJG  ENS  WO  MIDN  INST  AUX | | | | | | | | | | | **9b.** Billet Considered For | | | | | | | | | | | **9c.** Body Fat %    % | | |
| **9d.** Unit Strength | | | | | | | | | | | | | | | | | | | | | | | | |
| LCDR: |  | LT: |  | LTJG: |  | | ENS: | |  | | WO: |  | MIDN: |  | INST: | |  | | NSCC: |  | | | NLCC: |  |
| **9e.** Unit Name | | | | | | | | | | **9f.** Unit Code | | | **9g.** Unit Drill Location | | | | | | | | | | | |
| **9h.** Commanding Officer (Name and Rank) | | | | | | | | | | **9i.** Commanding Officer Signature | | | | | | | | | | | **9j.** Date (DD MMM YY) | | | |
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| U.S. NAVAL SEA CADET CORPS **U.S. NAVY LEAGUE CADET CORPS** | VOLUNTEER APPLICATION **DECLARATIONS** | | | FOR OFFICIAL USE ONLY |
| **10.** AGREEMENTS | | | | |
| In consideration for being granted membership as an adult volunteer of the U.S. Naval Sea Cadet Corps (“USNSCC”), I hereby release from liability for any and all claims, demands, actions or causes of action due to death, injury or illness, whether due to negligence or otherwise, the following: (1) the government of the United States and all its officers, representatives and agents, acting officially or otherwise, (2) the Navy League of the United States (“NLUS”), its national and local councils, (3) other sponsoring organizations; and (4) the USNSCC, its subordinate units, and training contingents. I further release all directors, officers, employees, volunteers, and agents of the aforementioned organizations from liability for any and all claims arising from my membership in the USNSCC.  I acknowledge that I have been provided with the USNSCC Volunteer Code of Conduct, which is hereby incorporated by reference into this Declaration, and have fully read and understand its provisions. I agree to follow said Code of Conduct and all USNSCC regulations and policies; to purchase any necessary uniforms; to honor my responsibilities regarding the loan, treatment and return of USNSCC property; and to abide by all lawful orders and instructions from my chain of command. I understand that while participating in USNSCC activities, I will be expected to abide by military customs and traditions.  I agree to serve in any capacity directed and to strive to improve my knowledge of naval subjects and procedures. I will conduct myself in a manner as to set an example of honor, integrity, obedience, and loyalty to the United States of America and the USNSCC. Further, I understand that whenever I am acting in an official capacity, engaging in USNSCC activities, or wearing the USNSCC uniform, my conduct and appearance shall be a credit to the U.S. Navy and the USNSCC. I understand that I serve at the pleasure of the USNSCC, and I hereby waive my right to challenge any termination for cause in a court of law. I agree not to challenge any termination for cause except through procedures set forth in USNSCC regulations or policies.  I understand that as an adult volunteer I may be entrusted with documents that may contain personal, sensitive and/or proprietary information. I agree to never disclose information from such documents or documents labeled "For Official Use Only" (FOUO) without proper authority. Specifically, I shall never release personal information of a member of the USNSCC without his/her permission, or in the case of Cadets, the permission of his/her parent/guardian.  I hereby consent to be videotaped and/or photographed and to permit the reproduction and/or publication of same, or of any other videotapes or photographs by any photographic facility of the Department of Defense/Coast Guard or by the NLUS, its regional organization or local councils, or other sponsoring organization, or by the USNSCC or its divisions, for their use in connection with educational programs or activities of the said organizations. I further assign to the said organizations all right, title, and interest in the above-described video recordings or photographs for any further use.  I understand that I am not a member of the USNSCC until officially appointed by USNSCC National Headquarters. I am therefore not authorized to participate in any USNSCC activities or wear the USNSCC uniform, until the unit commanding officer notifies me and until I am in receipt of an NSCC identification card. I understand that I am NOT authorized to enter into any contract for services, facilities or goods for the NSCC unless authorized by NHQ. | | | | |
| **11.** CERTIFICATIONS | | | | |
| I certify that, to the best of my knowledge and belief, I am physically and mentally fit to take part in physical activities and am not suffering from any communicable disease. I further consent to receive treatment from medical facilities of the Department of Defense, Coast Guard, Public Health Service or such civilian physicians/medical facilities as may be required in the event of any illness or accident arising while aboard Department of Defense or Coast Guard facilities or vessels or during authorized USNSCC activities. This consent includes any medical, anesthesia or surgical treatment or hospital services rendered under the general and special instructions of the attending physician or other physicians assigned to my care. This consent does not include major surgery unless, in the opinion of two physicians, it is reasonably necessary that such surgery be performed to remove a threat of life or loss of limb or such other serious bodily injury. In the event that the treating physicians consider that immediate surgery is necessary to save life or where second opinions are similarly impracticable or impossible, the concurring opinions of other physicians may be excused.  I certify that I have received and reviewed both the AIG Blanket Special Risk Insurance Binder (Policy SRG 9152960) and the Cincinnati Indemnity Company Liability Policy Certificate (Policy ENP0059849, et. al.) for the U.S. Naval Sea Cadet Corps & affiliated councils within the USA and its territories or possessions.  I certify that the information I have provided is true and complete to the best of my knowledge. I give the USNSCC and its authorized agents permission to verify and/or disclose any information given in connection with this application. I acknowledge that any misstatement or omission in my application may be cause for the denial of my application, or termination from the USNSCC. I hereby authorize any and all persons and agencies to furnish the USNSCC or its authorized agents any information, including documents in my personnel file and criminal record that may be necessary to verify this application and any other materials submitted. Further, I waive any rights of privacy to the information or documents that I may have under any federal, state, or local law, ordinance, or rule. I also understand that an incomplete application packet may delay or prevent my becoming a member of the USNSCC. I authorize facsimiles of this authorization to be made and such facsimiles shall be considered as valid as the original signed by me. | | | | |
| **12.** AUTHORIZATIONS | | | | |
| I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal/state/local), motor vehicle record agencies, my past or present employers, the military, and other individuals or sources to furnish any and all information on me that is requested by the consumer reporting agency. This information is being collected to conduct the background screen on me.  It will not be used for any other purpose.  I fully understand that I must be free of felony criminal convictions, and failure to disclose any negative criminal history is grounds for rejection of my application and/or my immediate termination from the USNSCC.  By my signature (including electronic) below, I certify the information provided on and in connection with this form is true, accurate, and complete.  I agree that this form in original, faxed, photocopied or electronic form will be valid for any background reports that may be requested by or on behalf of the USNSCC. | | | | |
| **12a.** Member’s Full Name | | **12b.** Member’s Signature | **12c.** Date (DD MMM YY) | |
| **I certify that the applicant listed in this document acknowledged his/her understanding and agreement with the declarations listed above in my presence.** | | | | |
| **12d.** Commanding Officer’s Full Name and Rank | | **12e.** Commanding Officer’s Signature | **12f.** Date (DD MMM YY) | |
| **NSCADM 002 (Rev 08/17), Page 3** | | PREVIOUS EDITIONS ARE OBSOLETE | Formerly NSCADM 003 | |