



International Training Division

Questionnaire for Prospective Member



Rank/Rate:

Name: (Last, First, MI)

Member Information						
Date (d/m/yyyy):						
Rank/Rate:	Name: (Last, First, MI)					
Present Unit:			Location:			
Unit Phone: (Commercial)	Supervisor Phone/Ext:		Home Phone:			
Time in Service: (Years)	Time in Grade: (Years)		Expiration of enlistment: (d/m/yyyy)			
Rotation Date: (d/m/yyyy)	Career Plans: Relad/Retire <input type="checkbox"/> Extend <input type="checkbox"/> Re-enlist		If Re-enlisting, how long?			
Prior Service? (non-USCG) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what branch?		Length of service:			
Credit Information						
Do you possess a government travel card? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, have you ever had your card suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Personal Information						
Age:	Height: Ft. In.	Weight: Lbs.	Marital Status:	Dependents: <input type="checkbox"/> Yes <input type="checkbox"/> No	How many?	
Are any of your dependents enrolled in the special needs program? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please describe:						
Physical Condition: <input type="checkbox"/> Good <input type="checkbox"/> Very Good <input type="checkbox"/> Excellent						
Frequency of exercise routine: <input type="checkbox"/> None <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other						
Describe your exercise routine:						
List all present or past injuries, if any, causing physical work limitations:						
How did you hear about this unit? <input type="checkbox"/> Current ITD Member <input type="checkbox"/> Former ITD Member <input type="checkbox"/> Detailer <input type="checkbox"/> ITD Internet Site <input type="checkbox"/> ITD Intranet Site <input type="checkbox"/> Other						



International Training Division Training and Education



Rank/Rate of Applicant:	Applicant's Name: <i>(Last, First, MI)</i>
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Weapons Qualifications: (Check all that apply) Currency is not required for application.

Weapon	Course		Marksmanship Level	Hold Current Qualification
M9 PDW	<input type="checkbox"/> M9 Basic	<input type="checkbox"/> M9 JPC		<input type="checkbox"/>
P229 PDW	<input type="checkbox"/> P229 Basic	<input type="checkbox"/> P229 JPC		<input type="checkbox"/>
M-16	<input type="checkbox"/> M-16 Basic	<input type="checkbox"/> PRC <input type="checkbox"/> CRC		<input type="checkbox"/>
M870	<input type="checkbox"/> RSC	<input type="checkbox"/> LTL		<input type="checkbox"/>

Coast Guard Schools: (Check all that apply)

Courses		
<input type="checkbox"/> BTM School	<input type="checkbox"/> Small Arms Instructor	<input type="checkbox"/> Basic Instructor
<input type="checkbox"/> BO School	<input type="checkbox"/> EMT	<input type="checkbox"/> Course Designer
<input type="checkbox"/> Fisheries School	<input type="checkbox"/> O/b Motor & Maint.	<input type="checkbox"/> SPOLAM
<input type="checkbox"/> MLE Instructor	<input type="checkbox"/> SAR School	<input type="checkbox"/> OLAM
List any others that may apply:		

Education: (Check One) What is your highest education level?

<input type="checkbox"/> High School	<input type="checkbox"/> Some College	<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> Master's Degree			
List majors:			

Foreign Language Skills: List all languages that you have an aptitude other than English.

Language	Verbal Aptitude		Written Aptitude	
	<input type="checkbox"/> Fluent	<input type="checkbox"/> Functional	<input type="checkbox"/> Fluent	<input type="checkbox"/> Functional
	<input type="checkbox"/> Conversational	<input type="checkbox"/> Some Exposure	<input type="checkbox"/> Conversational	<input type="checkbox"/> Some Exposure
	<input type="checkbox"/> Fluent	<input type="checkbox"/> Functional	<input type="checkbox"/> Fluent	<input type="checkbox"/> Functional
	<input type="checkbox"/> Conversational	<input type="checkbox"/> Some Exposure	<input type="checkbox"/> Conversational	<input type="checkbox"/> Some Exposure
	<input type="checkbox"/> Fluent	<input type="checkbox"/> Functional	<input type="checkbox"/> Fluent	<input type="checkbox"/> Functional
	<input type="checkbox"/> Conversational	<input type="checkbox"/> Some Exposure	<input type="checkbox"/> Conversational	<input type="checkbox"/> Some Exposure
	<input type="checkbox"/> Fluent	<input type="checkbox"/> Functional	<input type="checkbox"/> Fluent	<input type="checkbox"/> Functional
	<input type="checkbox"/> Conversational	<input type="checkbox"/> Some Exposure	<input type="checkbox"/> Conversational	<input type="checkbox"/> Some Exposure

Non-Coast Guard Training:

List any other training that may be beneficial at this command:



International Training Division

Coast Guard and Law Enforcement Experience



Rank/Rate of Applicant:	Applicant's Name: <i>(Last, First, MI)</i>
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Non Coast Guard Law Enforcement History: List all previous non-coast guard law enforcement experience and dates.

Location	Started	Departed	Duties/Experience

Unit History: List all previous coast guard units, experiences and dates.

Unit	Reported	Departed	Duties/Experience

Return to Admin staff at International Training Division.

E-mail or Hard copies are accepted.

E-mail: itdadmin@tcyorktown.uscg.mil

Mail to:

Commanding Officer (itd)
 USCG Training Center Yorktown
 Yorktown, VA. 23690-5000



International Training Division Member Statement



Rank/Rate of Applicant:	Applicant's Name: <i>(Last, First, MI)</i>
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In your own words state why you want to come to ITD and what you can do for us. Attach your statement to this package, do not exceed one page or add a page beneath.



International Training Division

Physical Fitness Requirements for Prospective Member

Rank/Rate of Applicant:	Applicant's Name: <i>(Last, First, MI)</i>
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Reference: Personal Qualification Standard COMDTINST M16247.3b Task 1-01

International Training Division (ITD) personnel work in many extraordinary environments. Our physical appearance and conditioning is instrumental in conveying Coast Guard philosophies to the various nations we train. All aspects of maritime law enforcement test your physical endurance.

Requirements					
Event	PUSH-UPS	SIT-UPS	SIT-N-REACH	RUN	SWIM
Duration	1 min.	1 min.	Best of 3 Attempts	1.5 mile	12 min.
<u>MALE</u>					
Under-30	29	38	16.5"	12:51	500yds
30-39	24	35	15.5"	13:36	450yds
40-49	18	29	14.25"	14:29	400yds
<u>FEMALE</u>					
Under-30	23	32	19.25"	15:26	400yds
30-39	19	25	18.25"	15:57	350yds
40-49	13	20	17.25"	16:58	300yds

You must complete these events and record the results below. The physical fitness exam must be proctored by an E-7 or above.

Results					
<input type="checkbox"/> Male <input type="checkbox"/> Female			Age:		
Event	PUSH-UPS	SIT-UPS	SIT-N-REACH	RUN	SWIM
Result					
Rank/Rate of Proctor:		Proctor's Name & Signature: <i>(Last, First, MI)</i>			



International Training Division

Questionnaire for Commanding Officers*



Date: <i>(d/m/yyyy)</i>	
Your Rank/Rate:	Your Name: <i>(Last, First, MI)</i>
Rank/Rate of Applicant:	Applicant's Name: <i>(Last, First, MI)</i>
Personal Information	
Do you consider the family life of this member stable enough to endure frequent separation? (The current norm is 180 days per year with deployments lasting up to 30-days) <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	
Do you consider the financial status of this member Stable? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	
Would you like to have this member assigned to your command in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	
How would rate the member's present physical condition? <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Very Good <input type="checkbox"/> Excellent Comments:	
Do you know of any physical work limitations or considerations? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	
Performance Information	
Would you consider this member to be a good representative of the United States and the Coast Guard in a foreign country? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	
Do you consider this member capable of working independently in your area of responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	
Additional Comments:	
Commanding Officer's Signature:	
Phone: <i>(Commercial)</i>	<i>(Ext.)</i> E-mail:

* Commanding officers comments may be sent separately from member questionnaire if desired.