



DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD ANSC 7001 (10-05)	U.S. COAST GUARD AUXILIARY ENROLLMENT APPLICATION See Instructions and Privacy Act statement on back of this form	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">District</td> <td style="width:33%; text-align: center;">Division</td> <td style="width:33%; text-align: center;">Flotilla</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	District	Division	Flotilla			
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SECTION I - PERSONAL DATA OF APPLICANT

LAST NAME	FIRST NAME	MI	SUFFIX	GENDER Male Female
STREET ADDRESS		CITY		ST ZIP
SOCIAL SECURITY NUMBER	DATE OF BIRTH	EMAIL		
HOME	FAX	BUSINESS	CELL	
SPOUSE NAME	ETHNICITY (OPTIONAL)			
	White or Caucasian	American Indian or Alaskan Native Black or African American	Hispanic American Asian American or Pacific Islander	

SECTION II - EMERGENCY CONTACT INFORMATION

LAST NAME	FIRST NAME	MI	SUFFIX	RELATIONSHIP
STREET ADDRESS		CITY		ST ZIP
HOME	BUSINESS	CELL		

SECTION III - APPLICANT STATEMENT AND SIGNATURE

I have have not been convicted of a violation of any law of the United States, any State, possession or territory, the District of Columbia or the Commonwealth of Puerto Rico classified as a misdemeanor or a felony. (If convicted of a misdemeanor or felony, state specifics, including date, city & state offense occurred, disposition and comments and attach to this application.) I affirm under the penalties of perjury as to the truth of all the statements contained in this application and authorize verification for the official use of the U.S. Coast Guard or U.S. Coast Guard Auxiliary. I understand that any false statement contained herein is grounds for my disenrollment from the U.S. Coast Guard Auxiliary.

I PLEDGE TO SUPPORT THE U.S. COAST GUARD AUXILIARY AND ITS PURPOSES AND ABIDE BY THE GOVERNING POLICIES ESTABLISHED BY THE COMMANDANT OF THE U.S. COAST GUARD.

APPLICANT SIGNATURE	DATE
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SECTION IV - PARENT/GUARDIAN STATEMENT IF APPLICANT IS A MINOR

I/We certify that this applicant has no other legal guardian other than me/us and I/we consent to his/her membership in the United States Coast Guard Auxiliary.

PARENT/GUARDIAN SIGNATURE	DATE
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SECTION V - FLOTILLA CERTIFICATION AND ATTACHMENTS - see instructions

New Enrollment Re-enrollment Old Member / EMPL ID Number: _____

New Member Exam completed Date _____ Score _____

Privacy Act Statement read Boating Safety Course Certificate Yes No

Required Attachments: ANSC-7036 Fingerprint cards (2) SF-85 Release
 OFI Form 86-C SAC USCG Auxiliary/SECEN Verification of U.S. Citizenship form

FLOTILLA COMMANDER SIGNATURE	DATE
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SECTION VI - DIRAUX ENDORSEMENT

MEMBER NUMBER	DATE OF ENROLLMENT	BASE ENROLLMENT DATE	
APPLICANT IS ACCEPTED AS A MEMBER		DIRAUX SIGNATURE	DATE

Note: If applicant is not accepted, explain in detail on a separate sheet of paper and attach

ENROLLMENT APPLICATION

1. **GENERAL** - Everyone requesting membership in the U.S. Coast Guard Auxiliary must complete this form.
 - a. Read all instructions carefully.
 - b. This form is used to supply new member personal information for entry into the Auxiliary database.
 - c. Data from this form is reported in detail (with the exception of Date of Birth and Social Security Administration Number) on the Flotilla Roster, Member Summary and Status Report among others.
2. **FLOTILLA NUMBER** - Completed by Flotilla Commander (FC) or Flotilla Personnel Services (FSO-PS) officer.
 - a. Enter the District, Division and Flotilla number of the unit submitting this application in the area in the upper right corner next to the form name.
3. **SECTION I - PERSONAL DATA OF APPLICANT** - To be completed by Applicant.
 - a. LAST NAME, FIRST NAME, MI and SUFFIX - Enter as normally written.
 - b. GENDER- Check one of the gender boxes.
 - c. STREET ADDRESS-Enter current street address.
 - d. CITY-Enter name of city where address is located. If residence is outside the United States, also enter country.
 - e. STATE-Use the official two-letter postal code. Leave blank if outside the United States.
 - f. ZIP CODE-Use current five numbers. Use ZIP+4 when known.
 - g. SOCIAL SECURITY ADMINISTRATION NUMBER-Enter SSAN (See 1c above).
 - h. DATE OF BIRTH-Enter DOB using MM/DD/YY numeric format, 06/18/54 (See 1c above) . Membership eligibility begins at 17 years of age.
 - i. EMAIL - Enter email address if available.
 - j. HOME/FAX/BUSINESS/CELL-Enter area code and telephone number(s) as applicable.
 - k. SPOUSE NAME-Use spouse's given name - no nicknames.
 - l. ETHNICITY (Optional) - Check box which describes your ethnic group.
4. **SECTION II - EMERGENCY CONTACT INFORMATION** - To be completed by Applicant.
 - a. Enter name, address, telephone numbers with Area Codes and emergency contact's relationship.
5. **SECTION III - APPLICANT STATEMENT AND SIGNATURE** - To be completed and signed by applicant.
 - a. FELONY/MISDEMEANOR CONVICTIONS-Check appropriate answer to conviction statement. Review application and data to ensure accuracy, then sign using full name and enter date.
6. **SECTION IV - PARENT/GUARDIAN STATEMENT** - To be completed by applicant's parent or guardian.
 - a. Applicants who have not reached their 18th birthday must have at least one parent or guardian complete this section.
7. **SECTION V - FLOTILLA CERTIFICATION AND ATTACHMENTS** -To be completed by the FC or FSO-PS.
 - a. APPLICATION TYPE-Check whether applicant is a new member or reenrolling. If reenrolling provide previous member ID number. If applicant is or was Active Duty CG, CG Reserve or a civilian employee of the CG, please include Employee ID Number.
 - b. NEW MEMBER EXAM - Enter date and score.
 - c. PRIVACY ACT STATEMENT - Check box after applicant reads.
 - d. BOATING SAFETY COURSE CERTIFICATE - Check yes or no. Note: Only certificates listed in the Auxiliary Manual are acceptable. If the applicant successfully challenges one of our tests, indicate "Yes" even though no certificate is issued.
 - e. REQUIRED ATTACHMENTS - Ensure that all of the listed items are included with the application package.
 - f. FLOTILLA COMMANDER SIGNATURE - The Flotilla Commander must sign and date application. The FSO-PS may NOT sign.
8. **SECTION VI - DIRAUX ENDORSEMENT** - To be completed by the Director of Auxiliary.
 - a. Enter the new member number, date of enrollment and base enrollment date (MM / DD / YY). Sign and date.
 - b. If disapproved, reason(s) must be stated on a separate sheet of paper and attached to the application. A letter explaining the reason(s) for disapproval is sent to the applicant, with a copy to the Flotilla Commander.

PRIVACY ACT STATEMENT

In accordance with 5 USC 552a(e)(3), the following information is provided to you when supplying personal information to the United States Coast Guard.

1. **AUTHORITY** which authorized the solicitation of the information: 14 USC Sec 823
2. **PRINCIPAL PURPOSE(S) FOR WHICH INFORMATION IS INTENDED TO BE USED:** To establish eligibility for enrollment and a record for the individual in the Auxiliary Information Management System.
3. **THE ROUTINE USES** which may be made of the information: Provide identification, address and personal information to the following: (1) Directors of Auxiliary. (2) Members of the Auxiliary.
4. **WHETHER OR NOT DISCLOSURE** of such information is mandatory or voluntary (required by law or optional) and the effects on the individual, if any, of not providing all or any part of the requested information: Disclosure of this information is voluntary, but failure to provide information will prevent enrollment of the person in the Auxiliary.