

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

APPLICATION TO VOLUNTEER AS A COAST GUARD OMBUDSMAN

For use of this form, see Ombudsman Program, COMDTINST 1750.4 (series): the proponent agency is CG-1112

Date:

PRIVACY ACT STATEMENT

AUTHORITY: Section 1588 of Title 10, U.S. Code, and E.O. 9397.

PRINCIPLE PURPOSE(S): to document voluntary services provided by an individual, including the hours of service performed, and to obtain agreement from the volunteer on the conditions for accepting the performance of voluntary service.

ROUTINE USERS(S): None.

DISCLOSURE: Voluntary; however failure to complete the form may result in an inability to accept voluntary services or an inability to document the type of voluntary services and hours performed.

GENERAL INFORMATION

1. NAME OF VOLUNTEER (*Last, First, Middle Initial*):

2. PHONE NUMBER:

3. E-MAIL:

4. NAME OF SPOUSE/SPONSOR (*Last, First, Middle Initial*):

5. SPOUSE/SPONSOR EMPLID NUMBER:

6. MAILING ADDRESS:

7. EMERGENCY CONTACT NAME (*Last, First, Middle Initial*):

8. EMERGENCY CONTACT PHONE NUMBER:

9. IF EMPLOYED, EMPLOYER NAME AND ADDRESS:

10. YOUR POSITION:

BACKGROUND INFORMATION

1. DO YOU HAVE A VALID DRIVER'S LICENSE?

2. ISSUING STATE:

3. LICENSE NUMBER:

4. EXP. DATE (*DD/MM/YYYY*):

5. WITH THE EXCEPTION OF MINOR TRAFFIC VIOLATIONS, HAVE YOU EVER BEEN CONVICTED OF, OR ARE YOU CURRENTLY CHARGED WITH ANY MISDEMEANORS OR FELONIES? (*IF YES, PLEASE EXPLAIN ON THE BACK OF THIS PAGE*) YES NO

6. ANY PRIOR SUBSTANTIATED FAMILY ADVOCACY INVOLVEMENT? YES NO

7. DO YOU GIVE PERMISSION FOR THE COAST GUARD TO DO A FAMILY ADVOCACY REFERENCE CHECK?

YES

NO

SIGNATURE OF VOLUNTEER:

DATE:

DO NOT WRITE IN THIS SPACE FOR FAMILY ADVOCACY SPECIALIST COMMENT ONLY:

YES

NO

CONTACT FOR ADDITIONAL GUIDANCE

FAS SIGNATURE:

DATE:

PREVIOUS OMBUDSMAN/RELATED EXPERIENCE

8. HAVE YOU EVER BEEN A COAST GUARD OMBUDSMAN BEFORE? YES NO
 IF YES, LIST BELOW:

COMMAND	DATES	REASON FOR LEAVING

9. HAVE YOU PREVIOUSLY COMPLETED OMBUDSMAN BASIC TRAINING? YES NO

DATE COMPLETED	LOCATION OF TRAINING/BRANCH OF SERVICE

10. OTHER TRAINING/EXPERIENCE THAT WILL HELP YOU PERFORM THE DUTIES OF AN OMBUDSMAN:

MEDICAL HISTORY

11. DO YOU HAVE ANY MEDICAL PROBLEMS THAT MIGHT RESTRICT YOU FROM PERFORMING NECESSARY DUTIES *(DEPENDING ON THE COMMAND, CAN REQUIRE GOING ABOARD A SHIP OR BOAT TO GIVE A BRIEFING)*: YES NO IF YES, PLEASE EXPLAIN:

REFERENCES *(PLEASE READ CAREFULLY)*

12. LIST THREE REFERENCES. INCLUDE NAME, COMPLETE ADDRESS AND PHONE NUMBER OF EACH. MEMBERS OF YOUR FAMILY AND INDIVIDUALS WHO RESIDE IN THE SAME HOUSEHOLD MAY NOT BE USED AS REFERENCES. PLEASE ADVISE YOUR REFERENCES THAT THEY MAY BE CONTACTED BY THIS COMMAND. REFERENCES MAY INCLUDE MEMBERS OF THIS OR FORMER COMMANDS AS WELL AS EMPLOYER, FORMER EMPLOYER, ETC.

A. NAME:	PHONE #:
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ADDRESS:

B. NAME:	PHONE #:
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ADDRESS:

C. NAME:	PHONE #:
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ADDRESS:

13. I HEREBY CERTIFY THAT ALL ENTRIES ON THIS APPLICATION ARE TRUE AND COMPLETE. I UNDERSTAND THAT ANY FALSIFIED INFORMATION OR MISREPRESENTATION OF THE FACTS MAY RESULT IN THE DENIAL OF SELECTION OR REFOCATION OF APPOINTMENT REGARDLESS OF LENGTH OF SERVICE. I AUTHORIZE THE COMMANDING OFFICER, OR THEIR DESIGNEE(S), TO INVESTIGATE THE INFORMATION GIVEN IN THIS APPLICATION WITH THE PROPER AGENCIES/PERSONS. FURTHERMORE, I AGREE TO ABIDE BY THE APPLICATION REGULATIONS AND POLICIES OF THE COAST GUARD OMBUDSMAN PROGRAM AS PRESCRIBED BY COMMANDANT INSTRUCTION 1750.4 (SERIES) UNDER THE SUPERVISION AND GUIDANCE OF THE COMMANDING OFFICER OF THIS COMMAND OR THEIR DULY APPOINTED REPRESENTATIVE.

NOTICE TO VOLUNTEER

14. I UNDERSTAND VOLUNTEERS ARE NOT CONSIDERED TO BE FEDERAL EMPLOYEES FOR ANY PURPOSES OTHER THAN TORT CLAIMS AND INJURY COMPENSATION. VOLUNTEER SERVICE IS NOT CREDITABLE FOR LEAVE ACCRUAL OR ANY OTHER BENEFIT. HOWEVER, VOLUNTEER SERVICE IS CREDITABLE FOR WORK EXPERIENCE.

_____ **OMBUDSMAN INITIALS**

PRINT NAME:

DATE:

SIGNATURE: