

ADULT LEADER APPLICATION

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 <input type="checkbox"/> Male <input type="checkbox"/> Female		1e. Date of Birth (DD MMM YY)	
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. Home Phone			1o. Work Phone			1p. Social Security Number			
1q. Citizenship <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Resident - Registration Number:					1r. Email Address			1s. State Drivers License Number	

2. EMPLOYMENT INFORMATION (*Active duty military may skip this section.*)

2a. Employer Name		2b. Occupation/Job Title		
2c. No. of Yrs. at Current Job	2d. Location of Employment (Address, City, State, Zip)			

3. EMERGENCY CONTACT INFORMATION (*will be listed as next of kin and first contact in case of an emergency*)

3a. Name			3b. Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Other:		
3c. Address		3d. City		3e. State	3f. Zip Code + 4
3g. Day Phone		3h. Evening Phone		3i. E-Mail Address	

4. PHOTO

Current 3/4-length side view photo in appropriate attire/uniform.

5. EDUCATION & EXPERIENCE

5a. Level of Education (Check all the apply)
 GED High School Graduate Some College, No Yrs: College Graduate Post-Grad. Degree

5b. Please list any degrees, special licenses, current memberships (community, religious, fraternal, professional, etc.), and experience working with youth in other organizations.

6. MILITARY EXPERIENCE

6a. Branch <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard <input type="checkbox"/> USPHS <input type="checkbox"/> NOAA Corps				6b. Status <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Inactive Reserve <input type="checkbox"/> Retired <input type="checkbox"/> Veteran	
6c. Pay Grade	6d. Years of Service	6e. Current Command (active & reserve only)			6f. Date & Type of Discharge

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

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8. QUESTIONNAIRE (*Attach separate page if more room is needed for responses.*)

8a. Have you lived at your current address for three or more years?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain:	
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain:	
8d. Do you use controlled substances? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain:	8e. Do you drink alcoholic beverages? <input type="checkbox"/> No <input type="checkbox"/> Socially <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy
8f. Has your driver's license ever been restricted, suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain:	8g. Have you ever been charged OR convicted of a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain:

9. MEDICAL INSURANCE INFORMATION

9a. Medical Insurance Provider Name	9b. Medical Insurance Policy Number
9c. Medical Insurance Provider Address	9d. Medical Insurance Provider Phone

10. AGREEMENT AND CERTIFICATION

I consent to the following as being a member of the U.S. Naval Sea Cadet Corps/Navy League Cadet Corps (hereinafter referred to as NSCC/NLCC) and in consideration of my acceptance of membership. I hereby release from any and all claims, demands, actions or causes of action due to death, injury or illness, the government of the United States and all its officers, representatives and agents, acting officially or otherwise, and the local regional and national Navy League of the United States, or other sponsoring organization and the NSCC and its officers and officials; and further I hereby release the Naval Sea Cadet Corps, The Navy League of the United States or other sponsoring organization, and all officers thereof from any and all responsibilities arising from my membership in the NSCC.

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 my treatment by medical facilities of the Department of Defense, Coast Guard, Public Health Service or 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 other authorized NSCC/NLCC 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 hereby acknowledge that I have received and reviewed the Nationwide Life Insurance Company Specified Hazard Group Insurance Certificate for the United States Naval Sea Cadet Corps (NSCC) (Policy 502-95-21736)

I agree to abide by all regulations for the administration of the Naval Sea Cadet Corps, including the purchase of necessary uniforms, my responsibilities regarding the loan, treatment and return of NSCC property, and abide by all lawful orders and instructions from superior officers. I understand that while participating in NSCC activities, I will be expected to abide by military customs and courtesies and naval traditions. If terminated for cause, I agree to waive all rights to file a lawsuit against the NSCC/NLUS.

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 Naval Sea Cadet Corps. Further, I understand that whenever I am acting in an official capacity, engaging in NSCC activities, or wearing the Naval Sea Cadet Corps uniform, my conduct and appearance shall be a credit to the U.S. Navy and the Naval Sea Cadet Corps. If relieved for cause in the NSCC, I agree to waive all rights to file a lawsuit against the NSCC or NLUS.

I fully understand that I must be free of criminal convictions and failure to disclose such is grounds for my immediate termination from the NSCC.

I understand that as an adult leader 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 NSCC/NLCC without his/her permission or in the case of cadets the permission of his/her parent/guardian.

I hereby agree to the taking of any videotape records or photographs of myself and to the reproduction, publication of same, or of any other videotapes or photographs by any photographic facility of the Department of Defense/Coast Guard or by the Navy League of the United States, its regional organization or local councils, or other sponsoring organization, or by the NSCC or its divisions, or to their use in connection with education programs or activities of the said organizations, and I further assign to the said organizations all right, title and interest in the above described videotape recordings or photographs for any further use.

I certify that the information I have provided is true and complete to the best of my knowledge. I give the Naval Sea Cadet Corps 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 the application materials may be cause for dismissal from the Naval Sea Cadet Corps. I hereby authorize any and all persons and agencies to furnish the Naval Sea Cadet Corps 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, local law, ordinance or rule. I also understand that an incomplete application packet may delay or prevent my becoming a member of the Naval Sea Cadet Corps. I authorize facsimiles of this authorization to be made and they shall be considered as valid as the original signed by me.

I understand that I am not a member of the Naval Sea Cadet Corps until officially appointed by NSCC National Headquarters. I am therefore NOT authorized to participate in any NSCC/NLCC activities or wear the NSCC uniform, until the unit CO notifies me, and I am in receipt of an NSCC ID 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.

10a. Applicant Signature	10b. Date
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11. ENDORSEMENTS (*To be completed by Commanding Officer*)

11a. Recommended Rank (Initial appt. to ENS & above requires waiver) <input type="checkbox"/> LCDR <input type="checkbox"/> LT <input type="checkbox"/> LTJG <input type="checkbox"/> ENS <input type="checkbox"/> WO <input type="checkbox"/> MIDN <input type="checkbox"/> INST	11b. Billet Considered For	11c. Body Fat %
11d. Unit Strenath LCDR: LT: LTJG: ENS: WO: MIDN: INST: NSCC: NLCC:		
11e. Unit Name	11f. Region	11g. Unit Location
11h. Commanding Officer Signature		11i. Date