

Recruit Training Command Long Island – Escort Officer Application

See <http://usnsccregion03-4.us/CF-NY%20Training.html> for more information and Standard Operating Procedures
 Mail this form with supporting documentation to: LCDR Forrest Woodward, NSCC-10-11 162 St 3-B – Whitestone, NY 11357

PERSONAL INFORMATION

Last		First	M.I.	Officer Email	
Rank	Sex <input type="checkbox"/> M <input type="checkbox"/> F	OPD Completed <input type="checkbox"/> 101 <input type="checkbox"/> 201 <input type="checkbox"/> 301	Home Phone		Cell Phone
Home Unit		Region	Home Address, City, State, Zip		

AVAILABILITY – please check each day that you are available to staff

ALL DATES 19AUG16 – 28AUG16	<input type="checkbox"/>	19AUG16 Friday Staff Orientation	<input type="checkbox"/>
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20AUG16 Saturday Recruit Check-In	<input type="checkbox"/>	21AUG16 Sunday Training Day 1	<input type="checkbox"/>	22AUG16 Monday Training Day 2	<input type="checkbox"/>	23AUG16 Tuesday Training Day 3	<input type="checkbox"/>	24AUG16 Wednesday Training Day 4	<input type="checkbox"/>	25AUG16 Thursday Training Day 5	<input type="checkbox"/>	26AUG16 Friday Training Day 6	<input type="checkbox"/>
27AUG16 Saturday Training Day 7	<input type="checkbox"/>	28AUG16 Sunday Training Day 8	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>

LEADERSHIP & TRAINING EXPERIENCE

Primary Billet at Home Unit		Other Billets Held at Home Unit			
Previous Billets Held at Basic or Advanced Training	Year	Year	Year	Year	
	Billet	Billet	Billet	Billet	

Please provide some details on other NSCC Trainings you have staffed, starting with the most recent and working backwards

NSCC/NLCC Training	Location	Year	Billet Held

MEDICAL QUALIFICATIONS

CPR/AED First Aid First Responder Lifeguard EMT-B EMT-I EMT-P Other: _____

INSTRUCTION

Please list any subjects that you feel comfortable instructing	

BILLET REQUESTED – See CF-NY Standard Operating Procedures for descriptions of officer billets

First Choice:	
Second Choice:	
Third Choice:	

Officer Name	Officer Signature	Date
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Please have your Unit CO forward an endorsement of this application to co@trdivseacadets.com