



AUX/CG 001 **AUTHORIZATION TO AUGMENT COAST GUARD UNIT** DATE:

**[Section 1] PERSONAL DATA OF APPLICANT**

MEMBER NAME: MEMBER NUMBER: FLOTILLA:

PSI STATUS: (CHECK ONE)  DIRECT OPERATION  OPERATIONAL SUPPORT If you don't know, contact DIRAUX This is required

PHONE NUMBERS Email:

Home: Work: Cell:

HOME LOCATION WORK LOCATION

CITY: CITY: STATE:

STATE: COMPANY:

**[Section 2] TRAINING AND QUALIFICATIONS (as of rev. date below)**

- ISC-100\*  AUXOP  IIMS  Diver Skills
- ISC-200\*  CX, CR (Coxswain/Crew)  HAZWOPER  OTHER:
- ISC-300  IT (Aux Instructor/Trainer)  CWS (Communications Watch Stander) (include in SECTION 3)
- ICS-700\*  Computer Skills  Language Skills (specify)
- ICS-800\*  PA (Public Affairs Specialist)  VE (Vessel Examiner)

**Please check all completed Training and Qualifications that apply. The starred (\*) courses may be required to work on an Active Duty Command.**

**[SECTION 3] PERSONAL SKILLS OR QUALIFICATIONS**

PROVIDE A NARRATIVE OF YOUR PERSONAL SKILLS, OR QUALIFICATIONS, OR SUBMIT A RESUME (include positions held within and/or outside the Auxiliary). If Coast Guard Unit has solicited specific assistance, then specify the job desired.

POSITION: DESIRED or CURRENT IN WHICH CG UNIT or DEPARTMENT ?

NOTE: A COPY OF MEMBER I.D.CARD, (both sides) **MUST BE ATTACHED**

**[Section 4] AVAILABILITY**

CHECK DAYS AVAILABLE:  MON  TUE  WED  WED  THU  FRI  SAT  SUN

**[Section 5] COMMITMENT**

*I request admission to the Coast Guard Unit. I understand that this requires a commitment to augment the Sector for a minimum of one year, during which time I will pursue training and qualification under the guidance of a mentor assigned by the Auxiliary Sector Coordinator or Designee.*

MEMBER SIGNATURE: DATE:

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# United States Coast Guard Auxiliary

America's Volunteer Lifesavers <sup>SM</sup>

AUX/CG 001

MEMBER NAME:

MEMBER NUMBER:

FLOTILLA:

**[Section 6] FLOTILLA ENDORSEMENT and ASSIGNMENT TO DUTY**

(Please CHECK One)  **APPROVAL:** (sign & forward to ASC or AUXULO, depending on where member wants to work.)

**DISAPPROVAL:** (return package to member.)

I have reviewed member's request and attachments

FLOTILLA COMMANDERS SIGNATURE:

DATE:

**[Section 7] AUXILIARY SECTOR COORDINATOR or AUXULO RECOMMENDATION**  
(Depending on where member wants to work)

(Please CHECK One)  **APPROVAL** (sign & forward to appropriate Coast Guard Unit-Dept/Div/Branch/Sub-Unit)

**DISAPPROVAL** (return package to Flotilla Commander)

COMMENTS:

I have reviewed member's request and attachments

SIGNATURE:

DATE:

**[Section 8] COAST GUARD UNIT (Recommendation, Placement and Mentor Assignment)**

**Recommendation:** (Please CHECK One)  **APPROVAL** (sign, make copy, forward to- Dept/Div/Branch/ Sub-Unit)

**DISAPPROVAL** (return package to ASC or AUXULO)

**Placement:** Member is directed to report to:

Dept: _____	OIC: _____	Phone: _____
Division: _____	_____	_____
Branch: _____	_____	_____
Sub-Unit: _____	_____	_____

**Mentor assigned to member:**

Phone:

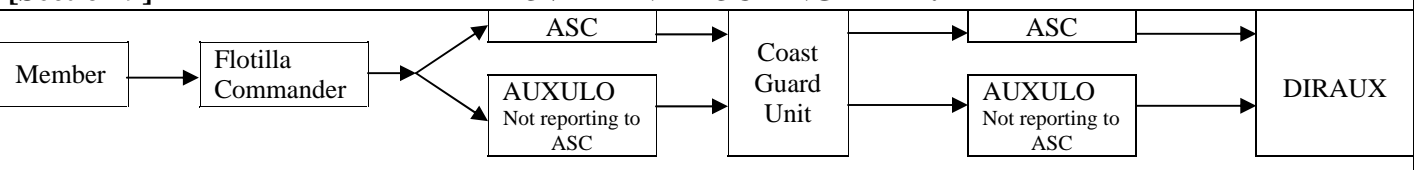
I have reviewed member's request, attachments, placement and mentor assignment

Signature:

(AUXLO or appropriate Unit Leader-Dept/Div/Branch/Sub-Unit)

Date:

**[Section 9] APPROVAL AND ROUTING PATH:**



**Attachments:**

- (1) Copy of Member I.D. Card (both sides)
- (2) Resume (limit to one page)

**Each signatory may make a copy for their file. DIRAUX will input to member file:**

- (1) Member, Flotilla Commander
- (2) Coast Guard Unit/Dept, AUXLO, AUXULO, ASC
- (3) DIRAUX for Member file

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INSTRUCTION FOR COMPLETING  
AUTHORIZATION TO AUGMENT COAST GUARD UNIT

SECTION 1: PERSONAL DATA OF APPLICANT

- 1) Member Name – First Name, Last Name
- 2) Member Number- (as recorded in DIRAUX)
- 3) Flotilla- ( member flotilla- example- 0506)
- 4) PSI Status- (either direct operational or operational support, if you don't know check with DIRAUX.
- 5) Email Address- (use your home email address not your military address)
- 6) Home Phone #
- 7) Work Phone #
- 8) Cell Phone #
- 9) Home Location- ( please provide city and state)
- 10) Work Location- (please provide city, state, and company name)

SECTION 2: TRAINING AND QUALIFICATIONS

1. Please provide a check mark by each skill or qualification you may have.
2. Please provide a short description of any other skill or qualification you may have.
3. The items marked with an \* may be required to work on an Active Duty Command.

SECTION 3: PERSONAL SKILLS AND QUALIFICATIONS

1. Please provide a Narrative of your personal skills or qualifications.
2. You may also submit a Resume. (limit to one page please)
3. Include positions held within and/or outside the Auxiliary.
4. If Coast Guard Unit has solicited specific assistance, then specify the job desired.
5. Position desired or the current position you want to hold at the Coast Guard Unit.
6. In which Coast Guard Unit or Department do you wish to work.
7. Make sure that a copy of your membership ID card (both sides) is attached.

SECTION 4: AVAILABILITY

1. Please check the day or days you would be available to work.

SECTION 5: COMMITMENT

1. I request admission to the Coast Guard Unit. I understand that this requires a commitment to augment the Sector for a minimum of one year during which time I will pursue training and qualification under the guidance of a mentor assigned by the Auxiliary Sector Coordinator or AUXLO or their Designee.
2. Member signs and dates application
3. Member then gives application to Flotilla Commander for endorsement and a temporary assignment to duty, until you get your orders from the Coast Guard Unit, to work on the base.

SECTION 6: **FLOTILLA ENDORSEMENT and ASSIGNMENT TO DUTY**

1. Flotilla Commander reviews member's request and attachments, signs and dates this section.
2. Flotilla Commander checks whether to Approve or Disapprove.
3. If Disapproved, the package is returned to Member.
4. If Approved, the package is sent to the appropriate command
  - a. If member wishes to work at Sector, the package is sent to the ASC for that sector.
  - b. If member wishes to work at ISC, the package is sent to the AUXULO for that Unit.

SECTION 7: **AUXILIARY SECTOR COORDINATOR (ASC)  
or AUXULO RECOMMENDATION**

1. The ASC or the AUXULO reviews member's request and attachments, checks to Approve or Disapprove.
2. If Disapproved, the package is returned to the Flotilla Commander.
3. If Approved, the package is forwarded to the appropriate Coast Guard Unit: Dept/Div/Branch/Sub-Unit.
4. The ASC or the AUXULO may add comments or recommendations.
5. The ASC or the AUXULO signs and dates this section.

SECTION 8: ***COAST GUARD UNIT (Recommendation, Placement and Mentor Assignment)***

1. The Coast Guard Unit checks to Approve or Disapprove.
2. If Disapproved, the package is returned to the ASC or AUXULO and FC and Member.
3. If Approved, the member is then assigned to the appropriate Coast Guard Unit: Dept/Div/Branch/ Sub-Unit.
4. Appropriate Unit Leader-Dept/Div/Branch/Sub-Unit, signs and dates the document.
5. A Mentor is assigned to Member.
6. AUXULO or Designee signs and dates this section and forwards package to ASC or AUXULO.

SECTION 9: ***APPROVAL AND ROUTING PATH***

1. See page 2 Section 9

ATTACHMENTS: **1. Copy of Member I.D. Card (both sides), must be included.**  
**2. Resume, if appropriate. (limit to one page).**

Each signatory may make a copy for their file. ASC or AUXULO forwards package to DIRAUX and DIRAUX will place in member file.

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