ARMY CADETS OF AMERICA

ADULT LEADER APPLICATION

FOR OFFICIAL USE ONLY

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 Male 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 U.S. Citizen 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 Spouse Parent Friend 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 Air Force Army Marine Corps Navy Coast Guard USPHS NOAA Corps	**6b.** Status Active Reserve Inactive Reserve Retired 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?

Yes ☐ No If NO, please list your last address:

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?

☐ Yes ☐ No If YES, explain:

8c. Are there any other facts or circumstances involving you that might call into question you're being entrusted with the supervision, guidance, and care of minors?

☐ Yes ☐ No If YES, explain:

8d. Do you use controlled substances?

☐ Yes ☐ No If YES, explain:

8e. Do you drink alcoholic beverages?

☐ No ☐ Socially ☐ Moderate ☐ Heavy

8f. Has your driver's license ever been restricted, suspended or revoked?

Yes ☐ No If YES, explain:

8g. Have you ever been charged **OR** convicted of a criminal offense?

☐ Yes ☐ 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 Army Cadets of America(hereinafter referred to as ACA) 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 Army Cadets of America, Inc., or other sponsoring organization and the ACA and its officers and officials; and further I hereby release the Army Cadets of America Inc., Boy Scouts of America Learning For Life or other sponsoring organization, and all officers thereof from any and all responsibilities arising from my membership in the ACA.

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 at Department of Defense facilities or during other authorized ACA 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 agree to abide by all regulations for the administration of the Army Cadets of America, including the purchase of necessary uniforms, my responsibilities regarding the loan, treatment and return of ACA property, and abide by all lawful orders and instructions from superior officers. I understand that while participating in ACA activities, I will be expected to abide by military customs and courtesies and US Army traditions. If terminated for cause, I agree to waive all rights to file a lawsuit against the Army Cadets of America Inc., Boy Scouts of America Learning For Life, or other sponsoring organization.

I agree to serve in any capacity directed and to strive to improve my knowledge of US Army 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 Army Cadets of America. Further, I understand that whenever I am acting in an official capacity, engaging in ACA activities, or wearing the Army Cadets of America uniform, my conduct and appearance shall be a credit to the U.S. Army and the Army Cadets of America. If relieved for cause in the ACA, I agree to waive all rights to file a lawsuit against the ACA or BSA LFL.

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

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 Army Cadets of America 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 Boy Scouts of America Learning For Life, its regional organization or local councils, or other sponsoring organization, or by the ACA 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 Army Cadets of America 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 Army Cadets of America. I hereby authorize any and all persons and agencies to furnish the Army Cadets of America 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 Army Cadets of America. 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 Army Cadets of America until officially appointed by ACA Headquarters. I am therefore NOT authorized to participate in any ACA activities or wear the ACA uniform, until the unit CO notifies me, and I am in receipt of an ACA ID Card. I understand that I am NOT authorized to enter into any contract for services, facilities or goods for the Army Cadets of America unless authorized by ACA HQ.

10a. Applicant Signature

10b. Date

11. ENDORSEMENTS (*To be completed by Commanding Officer)*

11a. Recommended Rank (Initial appt. to ENS & above requires waiver)

☐ MAJ ☐ CPT ☐ 1LT ☐ 2LT ☐ CWO ☐ WO ☐ INST

☐ SFC ☐ SSG ☐ SGT ☐ CPL ☐ SPL ☐ PFC ☐ PVT

11b. Billet Considered For

11c. Body Fat %

11d. Unit Strength

Officers CWO WO: SR ENL: JR ENL: INST: CADETS: RECRUITS :

11e. Unit Name

11f. UIC

11g. Unit Location

11h. Commanding Officer Signature

11i. Date