

U.S. Department of Homeland Security
U.S. Coast Guard
RESERVE ANNUAL SCREENING QUESTIONNAIRE

SECTION I - MEMBER'S INFORMATION

1. Name (<i>Last, First, MI</i>):	2. EMPLID:	3. Rate/Rank:	4. Permanent Unit:
5. Home Email:	6. Home Phone:	7. Work Phone: Ext:	
8. Current Mailing Address (<i>Street, City, State, Zip</i>):			
9. Do you have a current VA Disability Rating? Yes No		9a. If yes, what is your VA Disability Rating Percentage?	

SECTION II – CIVILIAN OCCUPATION DATA

10. Employment Status:	11. SOC Code (https://stats.bls.gov/soc/):
12. Position Title:	13. Position Start Date:
14. Employer:	15. Work Phone: Ext:
16. Supervisor's Name:	17. Supervisor's Phone: Ext:
18. Employer's Address (<i>Street, City, State, Zip</i>):	

SECTION III – FIRST RESPONDER

The men and women who are first on the scene in an official capacity as a domestic natural or man-made disaster unfolds. First responders are generally State and local law enforcement officers (to include SWAT teams, bomb-dog teams, and bomb squads), firemen (including hazardous material and search and rescue personnel), and emergency medical technicians.

19. I have read the above paragraph and (*choose the appropriate response*):

SECTION IV – RECALL AVAILABILITY

20. Choose your recall availability:	
Status:	Use When:
Available	Available for recall
Not Available – Community or Family Hardship	Not available for recall due to financial or family hardship. Document the extenuating circumstances that prevent mobilizing. Will cause you to lose your SELRES assignment.
Not Available – Key Civilian Occupation	Not available for recall due to employment in key federal position. See appropriate agency (full-time employer of USCGR member) instruction for written designation. USCG's policy to identify its civilian positions is described in COMDTINST 12910.1 (series)
Not Available – Critical Employee or Govt Official	Not available for recall due to employment in a critical civilian industry or profession. Document the extenuating circumstances that prevent mobilizing. This is an occupation that could be critical to your community at the same time that a mobilization is necessary (<i>police, fire, EMA, local government official</i>).
Other	Not available for recall for a reason not listed. Document the extenuating circumstances that prevent mobilizing.

SECTION V – ACKNOWLEDGEMENT

As a member of the Coast Guard Reserve, I understand and willingly accept the following obligations:

- (1) I am subject to involuntary recall and that I may be required to report with as little as 48 hours notice. Failure to report as directed is punishable under Article 86 of the Uniform Code of Military Justice (UCMJ) and a court-martial may direct punishment up to and including: dishonorable discharge, forfeiture of all pay and allowances, and/or confinement for up to one year.
- (2) I must comply with the requirements of Chapter 4 (Participation Standards) of the Reserve Personnel Manual (COMDTINST M1001.28A) and failure to comply with these standards may result in disciplinary or administrative action including involuntary recall to active duty or separation from the service.
- (3) I shall plan for contingencies in the care and support of my dependent family members and develop a family care plan if; I am a single parent, a dual-member couple with dependents, or married with custody or joint custody of a child whose non-custodial biological or adoptive parent is not my current spouse, or I otherwise bear sole responsibility for the care of children under the age of 19 or for others unable to care for themselves in my absence, or I am primarily responsible for dependent family members. Failure to have a family care plan may subject me to disciplinary or administrative action that can result in my separation from service and is not justification to avoid involuntarily recall.
- (4) If my deployability becomes impaired due to employment, family, medical, or any other condition(s), or if I am to be out of the country for greater than 30 days, I shall notify my command immediately in writing. I will work to resolve such issues through my chain-of-command, in accordance with Coast Guard policy, and understand that long-term issues that prevent my deployability can result in my transfer to the Individual Ready Reserve (IRR), the Standby Reserve, or administrative separation from the service.

21. I have read the above and (choose the appropriate response):

22. I certify the above information is correct. Initials: _____	23. Date Initialed:
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Submit Completed Questionnaire to RPM-3

Privacy Act Statement

In accordance with 5 USC Section 522a(3)(3), the following information is provided to you when supplying personal information to the U.S. Coast Guard:

Authority – Title 10 USC Section 10149

Principle Purpose(s) – Screening for mobilization readiness

Routine Use – In addition to those disclosures generally permitted under 5 USC 522a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DHS as a routine use pursuant to 5 USC 522a(b)(3) as follows: The Routine Uses published in the United States Coast guard Military Pay and Personnel system of records notice applies (DHS/USCG-014).

Disclosure – Disclosure of this information is voluntary, however, failure to complete this form may affect your status in the Coast Guard Reserve

SPO RESPONSIBILITY

Upon receipt of member's ASQ, SPOs will enter the member's information into DA and will verify/update any personal information as necessary.

MEMBER INSTRUCTIONS

ITEM	EXPLANATION
1.	Enter your last name, first name, middle initial.
2.	Enter your employee ID number.
3.	Enter your rate/rank (i.e. LCDR, YN2)
4.	Enter your current permanent duty station.
5.	Enter your current home email address.
6.	Enter your home phone number.
7.	Enter your work phone number and extension (if applicable).
8.	Enter your current mailing address (Street, City, State, and Zip).
9.	Select Yes or No if you have a VA Disability Rating.
9a.	If yes, enter your rating percentage.
10.	Select your current employment status.
11.	Enter a SOC Code that matches your current position.
12.	Enter your current position title.
13.	Enter your current position start date.
14.	Enter the name of your current employer.
15.	Enter your current employer's work phone number and extension (if applicable).
16.	Enter your current supervisor's name.
17.	Enter your current supervisor's phone number and extension (if applicable).
18.	Enter your current employer's address (Street, City, State, and Zip).
19.	Select the appropriate response.
20.	Choose your recall availability.
21.	Select the appropriate response.
22.	Initial the form.
23.	Enter the date you initialed.