DET 010 Application Docs Guide
The Following pages provide instructions for completing each required form. Each underlined header will specify the applicable form number (e.g. "AF ROTC IMT 35") followed by the name of the form. All of the sections contain instructions that should provide sufficient explanations for completing all the required forms correctly. Please read all information carefully to preclude mistakes.

**Remember** that incorrect forms may delay your acceptance, so take your time and follow the instructions. If the instructions do not explicitly tell you to do something, don't do it. And remember to pay close attention to the INSTRUCTIONS AFTER PRINTING page in your Application Packet which will tell you what you need to do after completing and printing each form.
PERSONAL DOCUMENTS REQUIRED

• ORIGINAL BIRTH CERTIFICATE
  – NEEDED FOR VERIFICATION OF AGE
  – ORIGINAL DOCUMENT MUST BE VERIFIED/SCANNED BY DET010 STAFF MEMBER (YOU WILL KEEP ORIGINAL)

• SOCIAL SECURITY CARD (MUST BE SIGNED BY CADET)
  – NEEDED FOR VERIFICATION OF U.S. CITIZENSHIP
  – ORIGINAL DOCUMENT MUST BE VERIFIED/SCANNED BY DET010 STAFF MEMBER (YOU WILL KEEP ORIGINAL)

• SELECTIVE SERVICE REGISTRATION
  – MALES ONLY
  – REFER TO SLIDE 4 FOR INSTRUCTIONS

• SPORTS PHYSICAL-AFROTC FM 28 & FITNESS SCREENING QUESTIONNAIRE
  – PHYSICIAN MUST COMPLETE THIS FORM 28, WE WILL NOT ACCEPT ANY OTHER VERSION
  – NEEDED TO PARTICIPATE IN PT & LLAB
  – NOT REQUIRED IF DODMERB IS COMPLETE

• PREVIOUS COLLEGE TRANSCRIPTS (IF APPLICABLE)

• SAT/ACT SCORES

• CERTIFICATES (IF APPLICABLE)
  – JROTC CERTIFICATE
  – CIVIL AIR PATROL
    • BILLY MITCHELL AWARD
    • AMELIA EARHART AWARD
    • CARL SPAATZ AWARD
  – MARRIAGE CERTIFICATE
    • IF APPLICABLE
  – SCOUTS
    • BOY SCOUTS EAGLE SCOUT
    • GIRL SCOUT CADET SENIOR SCOUT WITH GOLD PALM AWARD

• COPY OF DRIVERS LICENSE

• DD FORM 28, DD FM 214 & 785
  – ONLY APPLIES TO PRIOR SERVICE MEMBERS
HOW TO REGISTER
The easiest and fastest way for a man to register is to register online. Or a man can fill out a registration form and send it to the Selective Service System. The form asks for the young man’s full name, address, date of birth, and Social Security Number (if he has one). On a form that is sent in, his signature is also required.
Here are some places to register:

REGISTER ONLINE
Young men may now register online with Selective Service: www.sss.gov

AT THE POST OFFICE
Selective Service “mail-back” registration forms are available at any U.S. Post Office. A man can fill it out, sign (leaving the space for his Social Security Number blank, if he has not yet obtained one*), affix postage, and mail it to Selective Service, without the involvement of the postal clerk. Men living overseas may register at any U.S. Embassy or consular office.
*Provide your Social Security Number to the Selective Service when you do obtain one.

FAFSA FORM (CHECK BOX)
Another way a young man can register is to check a box on the application form for Federal Student Financial Aid (FAFSA form). A man can check “Register Me” on Box #22 of that form, and the Department of Education will furnish Selective Service with the information to register the man.

AT THEIR HIGH SCHOOL
More than half the high schools in the nation have a staff member or teacher appointed as a Selective Service Registrar. These individuals help register male high school students.
AFROTC FORMS Needed

- **REQUEST AND CONSENT TO RELEASE OF STUDENT RECORDS MEMO**
  - INCLUDES RELEASE OF MAIL AUTHORIZATION
- **AF FORM 2030** – USAF DRUG AND ALCOHOL ABUSE CERTIFICATE
- **DRUG DEMAND REDUCTION PROGRAM MOU (ATCH 11) - MEMORANDUM OF UNDERSTANDING FOR DRUG TESTING**
- **DD FORM 93** - RECORD OF EMERGENCY DATA
- **AFROTC IMT 500** – RESTRICTIONS OF PERSONAL CONDUCT IN THE ARMED FORCES
- **DD FM 2983** – RECRUIT/TRAINEE PROHIBITED ACTIVITIES ACKNOWLEDGEMENT
- **AU MAC FORM 2** – AU STUDENT/CADET/OFFICER TRAINEE ATTACHMENT TO AU MAC GUIDANCE
- **DD FORM 2005** - PRIVACY ACT STATEMENT - HEALTH CARE RECORDS (2 COPIES; ONE FOR APPLICANT AND ONE FOR RECORD)
- **AF IMT 3010** – USAF STATEMENT OF UNDERSTANDING FOR DEPENDENT CARE RESPONSIBILITY
- **ATTACHMENT 14** - AIR FORCE DEPENDENCY POLICY STATEMENT OF UNDERSTANDING
- **AF FORM 2058** – STATE OF LEGAL RESIDENCY
- **AFROTC FM 28** - SPORTS PHYSICAL & AFROTC FITNESS SCREENING QUESTIONNAIRE
  - NEEDED TO PARTICIPATE IN PT/NOT REQUIRED IF DODMERB IS COMPLETE
MEMORANDUM FOR CADET

FROM: Air Force Reserve Officer Training Corps (AFROTC) Detachment (Det) 010

SUBJECT: Request and Consent for Release of Student Records

1. In compliance with 10 U.S.C. 2102 et seq., your consent is required to permit the educational institution in which you are/were enrolled to release official copies of your transcripts of grades and/or other student records, files, or data that are a part of your student records to AFROTC and Department of Defense (DOD) agencies, as may be required by these agencies.

2. It is mutually understood that the purposes of this request for official copies of student records is necessary for AFROTC screening and evaluation of its present and potential cadet members and those cadets commissioned or disenrolled from the AFROTC program. It is further understood that the privacy of the information collected by means of the request will be maintained in accordance with the Privacy Act of 1974 and the Freedom of Information Act, and the information will be used for official AFROTC purposes only.
MEMORANDUM FOR AFROTC Det 010

I have read and understand your request for official copies of my school records. I hereby voluntarily consent to the release of such official records as you may require in your above-stated request and have signed the attached authorization for appropriate school officials to release to Det 010 personnel or to the appropriate DOD agency any and all official records, files, and data for their use as requested above.

Please sign FULL NAME Ex: Jane P. Doe

(Student’s Signature)

A PRENTS SIGNATURE IS NEEDED IF STUDENT IS 18 YEARS OF AGE OR YOUNGER

Printed Name of Witness, Det 010 Staff or Notary

Attachment:
Consent for Release of Student Records

Signature of Witness, Det 010 Staff or Notary

If cadets/student is 18 years of age or younger this form must be notarized by a Notary or in person by an AFROTC Staff member. Notary must see members sign this document.
DEPARTMENT OF THE AIR FORCE
AIR EDUCATION AND TRAINING COMMAND

DATE: 20160829

MEMORANDUM FOR _____________________________(University)

FROM: Cadet Cadet Doe

SUBJECT: Consent for Release of Student Records

In compliance with 10 U.S.C. 2102 et seq., I hereby voluntarily consent to the release of such official records as may be required by Air Force Reserve Officer Training Corps (AFROTC) Headquarters and AFROTC Detachment (Det) 010 to conduct official AFROTC business. I therefore authorize appropriate school officials to release to Det 010 personnel or to the appropriate DOD agency any and all official records, files, and data for their use in official AFROTC business.

Please sign Full name Ex: Jane P. Doe

(Student’s Signature)

(Parent’s Signature if student is under age 18 years of age)

A PRENTS SIGNATURE IS NEEDED IF STUDENT IS 18 YEARS OF AGE OR YOUNGER
Consent for Release of Mail Access Authorization

A parent's signature is needed if the student is 18 years of age or younger.

Example: Doe, John

Please sign full name.
Example: Jane P. Doe

A parent's signature is needed if the student is 18 years of age or younger.

Insert Date
Example: 20160829

Insert Date
**SECTION II. CERTIFICATION AT TIME OF APPLICATION**

**WARNING:** YOU MUST BE TOTALLY HONEST IN COMPLETING THIS FORM. If you are truthful now and are accepted by the Air Force, no punitive action can or will be taken against a civilian applicant as a result of any information you reveal. HOWEVER, YOU ARE CAUTIONED THAT SHOULD YOU CONCEAL DRUG OR ALCOHOL ABUSE INFORMATION AT THIS TIME, AND IT IS DISCOVERED AFTER YOUR ENTRY INTO THE AIR FORCE, PUNITIVE ACTION MAY BE TAKEN AGAINST YOU BASED UPON THE FALSE INFORMATION YOU HAVE PROVIDED. Such action includes, but is not limited to, elimination from training or discharge under less than honorable conditions.

<table>
<thead>
<tr>
<th>INITIAL YES/NO BOXES AS APPLICABLE</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have read and understand the definition of the terms above.</td>
<td>JPD</td>
<td></td>
</tr>
<tr>
<td>Have you ever used or experimented with marijuana? <em>(Prior marijuana use is not disqualifying for enlistment or appointment, unless you are determined to be a chronic user or psychologically dependent, have been convicted or adversely adjudicated for marijuana involvement. Preservice marijuana use may render you ineligible for certain skills.)</em></td>
<td>JPD</td>
<td></td>
</tr>
<tr>
<td>Have you ever experimented with, used, or possessed any illegal drug or narcotic?</td>
<td>JPD</td>
<td></td>
</tr>
<tr>
<td>Have you ever been a supplier or distributor of or a trafficker in marijuana, or other illegal drugs or narcotics?</td>
<td>JPD</td>
<td></td>
</tr>
<tr>
<td>Have you committed or were you charged with any crime?</td>
<td>JPD</td>
<td></td>
</tr>
<tr>
<td>Have you committed or were you charged with any violation of the law in foreign countries?</td>
<td>JPD</td>
<td></td>
</tr>
</tbody>
</table>

You MUST read and initial all boxes as applicable
As of 31 May 2007

AF IMT 2030

**SECTION III. STATEMENTS OF UNDERSTANDING**

| During my medical examination I will be tested and searched for drug and alcohol abuse. I understand that any detection of drug use (including marijuana) or alcohol abuse will render me ineligible for the Air Force. I understand I will undergo further drug and alcohol screening after entry in the Air Force, and I may be dismissed if the results of such screening indicate use.
| Service in the United States Air Force is considered a special trust and responsibility. Drug or alcohol abuse after this date will be considered evidence of my inability to perform in a manner expected of me as a member of the Air Force. Therefore, any drug use (including marijuana) or alcohol abuse, FROM THIS DATE FORWARD, renders me ineligible for the Air Force.
| Drug and alcohol abuse in the Air Force violates Air Force standards of behavior and conduct and will not be tolerated. If I am identified as a drug user or alcohol abuser as a member of the Air Force, appropriate disciplinary or administrative action may be taken against me. Such action may include, in addition to dismissal or discharge under less than honorable conditions.
| Gas in the Air Force cannot be performed by persons who have abused drugs or alcohol. My unit commander retains authority regarding my actual assignment to sensitive skill positions. If I am not acceptable for such duties due to a relationship to drug or alcohol abuse, I will be reassigned to another position in my skill or reclassified into another skill. If it is established that I am regularly using any substance beyond that which I have indicated on this form, I understand my enlistment, commissioning, or appointment may be revoked. If I am found to be using a controlled substance fraudulent and I may be discharged.

**KNOWING AND UNDERSTANDING ALL THE INFORMATION ABOVE, AND REALIZING THAT THIS DOCUMENT WILL BE USED ONLY TO DETERMINE MY ELIGIBILITY AND RECORD MY CERTIFICATION OF ELIGIBILITY, I HEREBY STATE THAT THE ABOVE INFORMATION AS TO MY PREVIOUS DRUG OR ALCOHOL INVOLVEMENT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME (Last, First, M.I.) AND SSN OF APPLICANT</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>29 Aug 2016</td>
<td>Doe, Jane P., 123-45-6789</td>
<td>Jane P. Doe</td>
</tr>
</tbody>
</table>

AF FORM 2030, 20121107

PREVIOUS EDITIONS ARE OBSOLETE

PRIVACY ACT INFORMATION: The information in this form is FOR OFFICIAL USE ONLY. Protect IAW the Privacy Act of 1974

As of 31 May 2007
**SECTION II. CERTIFICATION AT TIME OF APPLICATION**

**WARNING:** YOU MUST BE TOTALLY HONEST IN COMPLETING THIS FORM. If you conceal drug or alcohol abuse information at this time, and it is discovered after your entry into the Uniformed Services, punitive action may be taken against you based upon the false information you have provided. Such action includes, but is not limited to, elimination from training or discharge under less than honorable conditions.

<table>
<thead>
<tr>
<th>INITIAL YES/NO BOXES AS APPLICABLE</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have read and understand the definition of the terms above.</td>
<td>JPD</td>
<td></td>
</tr>
<tr>
<td>Have you ever used or experimented with marijuana? (Prior marijuana use is not disqualifying for enlistment or appointment, unless you are determined to be a chronic user or psychologically dependent, have been convicted or adversely adjudicated for marijuana involvement. Preservice marijuana use may render you ineligible for certain skills.)</td>
<td>JPD</td>
<td></td>
</tr>
<tr>
<td>Have you ever experimented with, used, or possessed any illegal drug or narcotic?</td>
<td>JPD</td>
<td></td>
</tr>
<tr>
<td>Have you ever been a supplier or distributor of or a trafficker in marijuana, or other illegal drugs or narcotics?</td>
<td>JPD</td>
<td></td>
</tr>
<tr>
<td>Have you ever been treated or undergone rehabilitation for drug or alcohol abuse?</td>
<td>JPD</td>
<td></td>
</tr>
<tr>
<td>Have you consumed hemp seed oil or any products containing hemp seed oil in the last 45 days?</td>
<td>JPD</td>
<td></td>
</tr>
</tbody>
</table>

You MUST read and initial and/or sign all boxes as applicable.
1 - 2 May 2015 I was hanging out with my friends at the park and we experimented with marijuana. I smoked it on two different occasions.

Specific drug or combination of drugs used (to include hemp derivatives):
Marijuana

Method of how it was used (orally, injected, skin-popping, sniffing, external application, etc.):
The first time was smoked with a pipe and the second was smoked in a joint.

Specific effects produced by the drug (none, relaxation, irritability, time or visual perception disturbance or distortion, panic, sleepiness, flashbacks, restlessness, loss of consciousness, increased insight, etc.):
I felt a feeling of numbness, relaxation and got thirsty. No other effects.

Describe any residual effects:
None

Indicate any current feelings toward usage, and whether or not you would use drugs again:
I only experimented due to peer pressure, I have no interest in using or encouraging use of this drug.
**********Commander Certification (if Needed)**********

I hereby certify I have reviewed the information above and on the front of this form. I am hereby taking the action listed below.

☐ Pre-application limited experimental use of above mentioned substances to recur. I waive the use and grant program entry. Member has been notified of the Air Force policy regarding the prohibited use of hemp derivatives.

☐ This requires a waiver from HQ AFROTC for me to proceed with approval.

Commander AFROTC DET 010 Signature: __________________________ Date: ____________

SECTION IV. RECERTIFICATION AT TIME OF ENLISTMENT, COMMISSIONING, AND ADVANCEMENT

I have read and fully understand all the information on this form.

I hereby state that there has been no change in my status since I originally completed this form.

I hereby certify that I have not used any drug, including marijuana, and that I have not committed any crime since I originally completed this form.

DATE __________________________ NAME (Last, First, M.I.) AND SSN OF APPLICANT: __________________________

SIGNATURE: __________________________

WITNESS

I CERTIFY THE ABOVE INDIVIDUAL SIGNED THIS CERTIFICATE OF HIS/HER OWN FREE WILL.

DATE __________________________ NAME (Last, First, M.I.) AND GRADE OF WITNESS: __________________________

SIGNATURE: __________________________
MEMORANDUM OF UNDERSTANDING FOR DRUG TESTING POLICY FOR CADETS PARTICIPATING IN SENIOR RESERVE OFFICER TRAINING CORPS (SROTC)

By direction of the Secretary of the Air Force, I understand as an Air Force ROTC cadet participating in a SROTC program, I will be subject to random urinalysis drug testing. I understand that if I am randomly selected, I must provide the requested sample within the specified time limits. I understand failure to report for a mandatory urinalysis test will be considered an Unauthorized Absence (UA) and will result in individual command-directed screening. I understand that any individual refusing to submit a urinalysis sample or testing positive on a urinalysis test will be processed for disenrollment or dismissal from Air Force ROTC or specific officer commissioning program.

Please sign Full name  Ex: Jane P. Doe  17 Jul 2015

Cadet Signature and Date

Parent/Guardian Signature and Date
(Only for applicants under legal age of majority. Must be notarized if not signed in presence of detachment personnel)

A PRENTS SIGNATURE IS NEEDED IF STUDENT IS 18 YEARS OF AGE OR YOUNGER

Printed Name and Signature Witness (or Notary) and Date
### DD Form 93

**Input “None” if you do NOT have children**

<table>
<thead>
<tr>
<th>5. CHILDREN</th>
<th>6a. FATHER NAME</th>
<th>7a. MOTHER NAME</th>
<th>8a. DO NOT NOTIFY DUE TO ILL HEALTH</th>
<th>9a. DESIGNATED PERSON(S)</th>
<th>10. CONTRACTING AGENCY AND TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME (Last, First, Middle Initial)</td>
<td>NAME (Last, First, Middle Initial)</td>
<td>NAME (Last, First, Middle Initial)</td>
<td>Notify Instead</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Doe, Buck</td>
<td>Doe, Betty</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Doe, Betsy</td>
<td>Address</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>
**SECTION 11**: Beneficiary(ies) for Death Gratuity (Military only). Enter first name(s), middle initial, and last name(s) of the person(s) to receive death gratuity pay. A member may designate one or more persons to receive all or a portion of the death gratuity pay. The designation of a person to receive a portion of the amount shall indicate the percentage of the amount, to be specified only in 10 percent increments, that the person may receive.

<table>
<thead>
<tr>
<th>11a. BENEFICIARY(IES) FOR DEATH GRATUITY (Military only)</th>
<th>b. RELATIONSHIP</th>
<th>o. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER</th>
<th>d. PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doe, Buck</td>
<td>Father</td>
<td></td>
<td>100 %</td>
</tr>
<tr>
<td>Must put full address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doe, Buck / father</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Must put full address</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SECTION 12**: Beneficiary(ies) for Unpaid Pay/Allowance. Enter first name(s), middle initial, last name(s) and relationship of person to receive unpaid pay and allowances at the time of death. The member may indicate anyone to receive this payment.

<table>
<thead>
<tr>
<th>12a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES (Military only) NAME AND RELATIONSHIP</th>
<th>b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER</th>
<th>d. PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doe, Buck / father or “BY LAW”</td>
<td></td>
<td>100 %</td>
</tr>
<tr>
<td>Must put full address</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SECTION 13**: Enter the name and relationship of the Person Authorized to Direct Disposition (PADD) of your remains should you become a casualty. Only the following persons may be named as a PADD: surviving spouse, blood relative of legal age, or adoptive relatives of the decedent..
DD Form 93

14. CONTINUATION/REMARKS

15. SIGNATURE OF SERVICE MEMBER/CIVILIAN (include rank, rate, or grade if applicable)

Jane P. Doe, Cadet

16. SIGNATURE OF WITNESS (include rank, rate, or grade as appropriate)

17. DATE SIGNED (YYYYMMDD)

NCO SIGNS 20160829

Don’t forget to sign!

Do NOT input information here
RESTRICTIONS ON PERSONAL CONDUCT IN THE ARMED FORCES

1. Military life is fundamentally different from civilian life. The military has its own laws, rules, customs, and traditions, including numerous restrictions on personal behavior, that would not be acceptable in civilian society. These are necessary because military units and personnel must maintain the high standards of morale, good order, discipline, and unit cohesion that are essential for combat effectiveness.

2. The Armed Forces must be ready at all time for worldwide deployment. Military law and regulations, including the Uniform Code of Military Justice, apply to service members at all times, both on base and off base, from the time the member enters the service until the member is discharged or otherwise separated from the Armed Forces.

3. Members of the Armed Forces may be involuntarily separated before their term of service ends for various reasons established by law and military regulations, such as:

   a. A member may be separated for a pattern of disciplinary infractions, a pattern of misconduct, a serious offense, or civilian conviction.

   b. A member who has been referred to a rehabilitation program for personal drug and alcohol problems may be separated for failure through inability or refusal to participate in, cooperate in, or successfully complete such a program.

   c. A member may be discharged by reason of parenthood, if it is determined the member, because of parental responsibilities, is unable to perform his or her duties satisfactorily or is unavailable for worldwide assignment or deployment.

   d. A member may be separated for failure to meet service weight control standards or physical fitness standards.

   e. A member may be separated for harassment of or violence against any service member.
<table>
<thead>
<tr>
<th>DATE OF APPLICATION</th>
<th>NAME (Last, First, Mi)</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>20160829</td>
<td>Doe, Jane P</td>
<td>Jane P. Doe</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE OF ENLISTMENT</th>
<th>NAME (Last, First, Mi)</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE OF COMMISSION</th>
<th>NAME (Last, First, Mi)</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

AFROTC FORM 500, 20110804  
PREVIOUS EDITIONS ARE OBSOLETE.
# RECRUIT/TRAINEE PROHIBITED ACTIVITIES ACKNOWLEDGMENT

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; DoD Instruction 1304.33, Standardized Protection Policies Prohibiting Inappropriate Relations Between Recruiters and Recruits, and Trainers and Trainees.

**PRINCIPAL PURPOSE(S):** To document your understanding of the prohibitions identified in section 7 of this form.

**ROUTINE USE(S):** The DoD Blanket Routine Uses found at [http://dpclo.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx](http://dpclo.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx) apply to this collection.

**DISCLOSURE:** Voluntary. However, if you fail to provide the requested information or complete this form, you might not be able to complete your enlistment or receive training.

## INSTRUCTIONS

In accordance with DoDI 1304.33, this form will be read and signed no later than the first visit with a recruiter following a recruit's entry into the Delayed Entry Program or read and signed no later than the first day of entry-level training for a trainee. As a minimum, the signed original will be retained in the recruit's file until they enter active duty or in the trainee's file until they detach from the training command or school they are attending. Please initial beside each entry acknowledging that you have read and understand the statement.

<table>
<thead>
<tr>
<th></th>
<th>RECRUIT/TRAINEE NAME (Last, First, Middle)</th>
<th>PAY GRADE</th>
<th>RECRUITING OFFICE/TRAINING COMMAND</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Doe, Jane P</td>
<td>Cadet</td>
<td>AFROTC, Det 010</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>RECRUITING OFFICE/TRAINING COMMAND ADDRESS (City, State, ZIP Code)</th>
<th>DATE SIGNED (YYYY/MM/DD)</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>TUSCALOOSA, AL, 35487</td>
<td>20150717</td>
<td>Jane P. Doe</td>
</tr>
</tbody>
</table>
7. I ACKNOWLEDGE AND UNDERSTAND THAT AS A RECRUIT OR TRAINEE, I WILL NOT:

<table>
<thead>
<tr>
<th>Initial</th>
<th>(a) Develop, attempt to develop, or conduct a personal, intimate, or sexual relationship with a recruiter or trainer. This includes, but is not limited to, dating, handholding, kissing, embracing, caressing, and engaging in sexual activities. Prohibited personal, intimate, or sexual relationships include those relationships conducted in person or via cards, letters, e-mails, telephone calls, instant messaging, video, photographs, social networking, or any other means of communication.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(b) Establish a common household with a recruiter/trainer, that is, share the same living area in an apartment, house, or other dwelling.</td>
</tr>
<tr>
<td></td>
<td>(c) Consume alcohol with a recruiter/trainer on a personal social basis.</td>
</tr>
<tr>
<td></td>
<td>(d) Attend social gatherings, clubs, bars, theaters or similar establishments sponsored or attended by a recruiter/trainer.</td>
</tr>
<tr>
<td></td>
<td>(e) Allow entry of any recruiter/trainer in my dwelling or privately-owned property. Exceptions are permitted for official business when the safety or welfare of the student is at risk.</td>
</tr>
<tr>
<td></td>
<td>(f) Gamble with a recruiter/trainer.</td>
</tr>
<tr>
<td></td>
<td>(g) Make sexual advances toward, or seek or accept sexual advances or favors from, a recruiter/trainer.</td>
</tr>
<tr>
<td></td>
<td>(h) Lend money to, borrow money from, or otherwise become indebted to a recruiter/trainer.</td>
</tr>
</tbody>
</table>

You must initial ALL for acknowledgment.
8. **EXCEPTIONS.** Exceptions may be granted to accommodate relationships that existed prior to the start of the recruiting process or prior to the trainee starting the formal training process. These relationships include, but are not limited to, family members. Only the Recruit's or Trainee's Commander, O-4 or higher, or higher level authority, has the authority to approve these exceptions. Approved exceptions will be documented below and signed by the Recruit's or Trainee's Commander, O-4 or higher, or a higher-level authority.

**DESCRIPTION OF EXCEPTION(S):**

9. **VIOLATIONS.** Violations of any part of paragraph 7.a. through 7.h., not granted an exception in paragraph 8, may result in disciplinary action.

10. **APPROVED BY**

<table>
<thead>
<tr>
<th>a. NAME (Last, First, Middle Initial)</th>
<th>b. TITLE</th>
<th>c. DATE SIGNED (YYYYMMDD)</th>
<th>d. SIGNATURE/RANK</th>
</tr>
</thead>
</table>

**LEAVE THIS SECTION BLANK**
Carefully read and Initial all boxes. This form outlines the cadets standards of conduct while participation in AFROTC.
Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by DoD 6025.18-R. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

Jane P. Doe

Jane P. Doe

123-45-6789

20150717
AF IMT 3010

USAF STATEMENT OF UNDERSTANDING FOR DEPENDENT CARE RESPONSIBILITY
(This form is subject to the Privacy Act of 1974. Use Blanket PAS - AF Form 883)

I. MARITAL STATUS

<table>
<thead>
<tr>
<th></th>
<th>SINGLE</th>
<th>MARRIED (Civilian)</th>
<th>MARRIED (Military)</th>
<th>SEPARATED</th>
<th>DIVORCED</th>
<th>WIDOWED</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

II. STATEMENT OF UNDERSTANDING

I understand:

My eligibility is based on my marital and dependency status and failure to claim all my dependents may result in my involuntary separation from the Air Force. I have read and understand the following definitions the Air Force considers a dependent for accession purposes:

1. A spouse
2. Any person under the age of 18 for whom the applicant or spouse has legal or physical custody, control, care, maintenance, or support. Includes children from a previous marriage, a relative by blood or marriage and stepchildren or adopted children of the applicant or spouse.
3. Any unmarried natural children of the applicant or spouse regardless of current residence. For male applicants, the term natural child includes those born out of wedlock.
4. Any person who is dependent upon the applicant or spouse for their care, maintenance, or support regardless of age. (5) FOR MALE APPLICANTS ONLY. An unborn child of the spouse or one claimed by or a court order determines his.

It is my responsibility to provide legal documents (marriage certificate, birth certificate, etc.) to substantiate my dependent(s) and it is my responsibility to support myself and my dependent(s) on the pay and allowances I receive. I also understand arrangements for care of my dependent(s) is my personal responsibility and will not interfere with my assigned Air Force duties, including shift work, weekend duty, temporary duty away from my assigned duty station and short notice deployments and evacuations. I further understand my dependent(s) will not prevent me from being available for worldwide assignment and failure to perform my military dependent(s) may result in disciplinary action, to include involuntary discharge.

If applying for an enlisted program, my dependent(s) are not permitted to accompany me during basic training, and it is recommended they not accompany me during any technical training. If applying for an officer program, it is strongly recommended my dependent(s) not accompany me while attending training. I also understand government family quarters are assigned based on application date, grade, date of grade, number of dependents, and availability.

Military couples with dependent(s) are required to make dependent care arrangements that allow both members to meet all military obligations and duties. I also understand each member is considered to be serving in his or her own right and must be available for worldwide assignment regardless of marital or dependent status. Additionally, I understand married Air Force couples may apply for a joint spouse assignment but there is no guarantee they will be assigned together.

III. REMARKS

If you have no remarks, please write none then initial.

None (JPD)
IV. APPLICANT CERTIFICATION

I have read the information on this form and understand how it applies to me and my dependent(s). I will check all boxes first and I may be involuntarily discharged should I violate any of these provisions. I certify the information on this form is or my personal knowledge and is true and correct and my recruiter did not advise me to conceal any dependency information.

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME (Last, First, Middle Initial)</th>
<th>SSN</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>20160829</td>
<td>Cadet, Jane P</td>
<td>123-45-6789</td>
<td>Jane P. Doe</td>
</tr>
</tbody>
</table>

V. RECRUITER CERTIFICATION

I certify the information on this form was explained to the applicant and I verified the applicant's dependent(s) and marital status from appropriate source documents.

<table>
<thead>
<tr>
<th>DATE</th>
<th>RECRUITER'S NAME/GRADE</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>20160829</td>
<td>Detachment Staff will sign</td>
<td>Detachment cadre signs</td>
</tr>
</tbody>
</table>

VI. APPLICANT FINAL CERTIFICATION

On the date of enlistment or commissioning or appointment and, to the best of my knowledge and understanding, I have completed knowledge and understanding of the statements on this form and hereby reaffirm complete knowledge and understanding of the statements on this form and hereby reaffirm complete knowledge and understanding of the statements on this form and hereby reaffirm complete knowledge and understanding of the statements on this form and hereby reaffirm complete knowledge and understanding of the statements on this form.

<table>
<thead>
<tr>
<th>DATE</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

VII. AIR FORCE REPRESENTATIVE FINAL CERTIFICATION

I have verified all known changes to the applicant's marital and dependent status since initiation of this form are explained in Section III.

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME/GRADE OF AIR FORCE REPRESENTATIVE</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I ___________________________ have been briefed on the Air Force policies concerning family care responsibility and family care responsibility as an AFROTC retention standard. (A family member is any person over whom I have legal or physical custody or control, or who relies primarily upon me for their care, maintenance, or support regardless of age). In particular, I understand the following:

A. (NON-CONTRACT CADET) If I am/become unmarried or marry (to include a common-law spouse) a military member, and I have legal or physical custody of any person incapable of self-care, I do not meet Air Force enlistment standards and will not be allowed to contract into AFROTC. No waivers are authorized. If I am married to a civilian spouse and wish to enlist in the pay grade of E-3 or lower and have legal or physical custody of two or more family members incapable of self-care, a waiver may be authorized for enlistment. If a waiver is not granted, I do not meet Air Force enlistment standards and will not be allowed to contract into AFROTC.

B. (CONTRACT CADET) If I am unmarried or married (to include a common-law spouse) to a military member (including another contract AFROTC cadet), and become responsible for a family member or family members; or, married to a civilian spouse and enlisted in the pay grade E-3 or lower and have legal or physical custody of two or more family members incapable of self-care (through birth, marriage, court determination of parental or guardianship responsibility, divorce, or other means), I can continue in AFROTC only if granted a waiver by AFROTC/RR. I must create an adequate family care plan in accordance with Air Force Instruction 36-2908. If I am unable or unwilling to create or maintain such a family care plan, I will no longer meet AFROTC retention standards. In such a case, I would then be subject to disenrollment from AFROTC for failure to maintain military retention standards. If I am disenrolled, I will also be subject to recoupment of my scholarship benefits.

Insert Full Name here
Statement of Understanding

Certification Reason

Application [X]
Enlistment
Commissioning
Dependency Status Chg

Date

Insert Full Name

Please Sign, Ex: John D. Doe

Cadet Printed Name

Cadet Signature

Det010 Staff will Print

I AM Cadre

Cadre Printed Name

Cadre Signature

Cadre Printed Name

Cadre Signature

Cadre Printed Name

Cadre Signature

Cadre Printed Name

Cadre Signature
Please print full name, Ex: John P Doe

If your answer is No or unknown, select No and disregard the link provided & notification of UFPM. Proceed to question 3.

If your answer is No or unknown, select No and disregard Notification of UFPM. Proceed to question 4.

Do Not Input information in Part 2 of this form
Ensure that your physician uses the below table (on the pack of the form 28) to calculate and answer sections 4 through 7.

This Documents MUST be completed by a certified medical physician or official family care provider.

Must be signed by medical Physician
All cadets will receive a Medical examination obtained from the Department of Defense Medical Examination Review Board (DoDMERB), a Military Entrance Processing Station (MEPS), or a military treatment facility (MTF). This examination is paid via AFROTC Funds.

You must have a completed certified DoDMERB physical prior to the Spring of your Sophomore year, for scholarship activation, FT attendance, Contracting and commissioning.

This form will start that process.
STATE OF LEGAL RESIDENCE CERTIFICATE

DATA REQUIRED BY THE PRIVACY ACT OF 1974


PURPOSE: Information is required for determining the correct State of legal residence for purposes of withholding State income taxes from military pay.

ROUTINE USES: Information herein will be furnished State authorities and to Members of Congress.

MANDATORY OR VOLUNTARY DISCLOSURE: Disclosure is voluntary. If not provided, State income taxes will be withheld based on the tax laws of the State previously certified as your legal residence, or in the absence of a prior certification, the tax laws of the applicable State based on your home of record.

DOE, JOHN P. 111-11-1111

WHAT IS ON YOUR I.D OR STATE YOU WERE BORN

I certify that to the best of my knowledge and belief, I have met all the requirements for legal residence/domicile in the State claimed above and that the information provided is correct.

I understand that the tax authorities of my former State of legal residence/domicile will be notified of this certificate.

John P. Doe

Ex:: 123 This Rd, Kent, OH, 00000 29 Aug 16
1. This concludes the DET 010 Application guide for non scholarship cadets. If you are having trouble finding these documents or need assistance, please email the AFROTC DET 010 Org box (AFROTC@ua.edu).

2. If you complete all forms prior to the first day of school and would like to turn them in, please email the AFROTC DET 010 Org box (AFROTC@ua.edu) to schedule an appointment.

3. Lastly, The New Student/Cadet Orientation is usually held the first Saturday of the school year (please contact us for specific date & time). Due to COVID-19 this Orientation is Tentative. All documents will be reviewed once received via Email, Postage or scheduled appointment. Please submit documents at your earliest convenience no later than the first day of the academic year.
PER THE AFROTC INSTRUCTION 36-2011 (22 JUNE 2018), CADETS ON SCHOLARSHIP ARE REQUIRED TO COMPLETE THE FOLLOWING TO ACTIVATE THEIR SCHOLARSHIP ENTITLEMENTS:

- Financial Docs
- Direct Deposit Form
- SGLI Form
- W-4
- Travel Voucher
- Tuition Statement of Understanding

THE NEXT PAGES OUTLINE HOW TO PROPERLY COMPLETE THE DOCUMENTS LISTED ABOVE.
Complete ALL highlighted areas.
4. ALLOTMENT INFORMATION
Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

<table>
<thead>
<tr>
<th>TYPE OF ALLOTMENT (Check One)</th>
<th>TYPE OF ACCOUNT (Check One)</th>
<th>ACTION (Check One)</th>
<th>AMOUNT (Check One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Savings (whole dollar amounts only)</td>
<td>SAVINGS</td>
<td>START</td>
<td>INCREASE TO:</td>
</tr>
<tr>
<td>Discretionary or Third Party</td>
<td>CHECKING</td>
<td>CANCEL</td>
<td>DECREASE TO:</td>
</tr>
</tbody>
</table>

ALLOTTEE NAME
(person/company who will receive allotment)

ALLOTTEE'S ROUTING NUMBER
Check Digit

ALLOTTEE'S ACCOUNT NUMBER

ALLOTTEE'S ACCOUNT TITLE
(Account Holder's Name)

FINANCIAL INSTITUTION NAME

5. AUTHORIZATION

EMPLOYEE'S SIGNATURE

DATE

29 Aug 16

DEPARTMENT OF THE TREASURY
FINANCIAL MANAGEMENT SERVICE
Please Read the SGLI Brief document that is within the DET 010 Application packet prior to completing this form.

If you would like to Opt into the SGLI, please place an “x” in box 1 of section 2

If you would do NOT want to opt into SGLI, please place an “x” in box 4 of section 2

Coverage is available in increments of $50,000 up to a maximum of $400,000

John P. Doe
Print Name (First, Middle, Last)
AFROTC, DETACTMENT 010, University of Alabama, Tuscaloosa, AL, 35487

CADET
Rank, title or grade
USAF
Branch of Service

CADET 111-11-1111
Social Security Number
$0
Current Amount of SGLI
In Section 1, Students/Cadets must Complete boxes a-c and Sign and Date (all other boxes are blank)

In Sections 2-4, Cadets/students will insert Appropriate Information as it applies to them

In this Section 5, Students/Cadets must Sign and Date (all other boxes are blank)
**TRAVEL VOUCHER OR SUBVOUCHER**

1. PAYMENT
   - Electronic Fund Transfer (EFT)

2. SPLIT DISBURSEMENT:
   - The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.

**NOTE:** A split disbursement is only necessary when a GTCC is used while on official travel for the Government.

3. PAYMENT BY CHECK
   - Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: $0.00

4. NAME
   - Doe, Jane D.

5. GRADE
   - Cadet

6. SSN
   - 123-45-7689

7. ADDRESS
   - 123 Apple Lane
   - Cleveland, OH 11111

8. TYPE OF PAYMENT
   - X

9. PREVIOUS GOVERNMENT PAYMENTS
   - NONE

10. ORGANIZATION AND STATION
    - Det 630/Kent State University

11. DEPENDENT(S)
    - UNACCOMPANIED

12. HAVE HOUSEHOLD GOODS BEEN SHIPPED?
    - NO (Explain in Remarks)

**Use the Det email/cadet email**

**Det phone #**
**HSSP Travel Voucher**

**Insert Current Year**

<table>
<thead>
<tr>
<th>Date</th>
<th>Place</th>
<th>Lodging Cost</th>
<th>POC Miles</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/17</td>
<td>123 Apple Lane, Sillyville, CA 11111</td>
<td>PA</td>
<td>Use Home address</td>
</tr>
<tr>
<td>07/17</td>
<td>Wright State University</td>
<td>MC</td>
<td>Use your university</td>
</tr>
</tbody>
</table>

**Select What Applies**

**Insert Date (MM/DD)**

**Use Below to find correct codes**

**Insert Date**

**Select What Applies**

**Sign Full Name:** Example: Jane P. Doe

**Det phone #**

**NCO SIGNATURE**

**CC SIGNATURE**

**Will be completed by DET010/CC**

**Det phone #**
Read and initial/sign/date all highlighted areas.

Scholarship Memo of Understanding

Cadet Tuition Statement of Understanding

April 20 [Date]

1. Scholarship Program: Cadets are eligible for scholarship assistance under the following types of scholarships: 1) Cadet Incentive Scholarship and 2) AFROTC Program. The Scholarship Program consists of three main parts: the High School Scholarship Program (HSP), the 4-year scholarship Program (CSP), and the Limited Commissioning Program (LCP). The scholarships are designed to cover tuition and fees for cadets.

2. Scholarship Types: (a) Cadet Incentive: This scholarship is awarded to students who have met the eligibility requirements set by AFROTC. It covers tuition and fees for the duration of the program. (b) AFROTC Program: This scholarship is designed for cadets who have been selected for the program and have met the eligibility criteria.

3. Scholarship Grade Point Average (GPA) Requirements: Cadets must achieve a GPA of 2.5 or higher to maintain eligibility for the scholarship.

4. Basic Requirement for Scholarship Programs: Cadets must achieve a GPA of 2.3 or higher in order to be eligible for the scholarship. They must also maintain a 2.5 GPA in order to receive the scholarship.

5. Scholarship Renewal Requirements: Cadets must maintain a 2.3 GPA in order to receive the scholarship.

6. Scholarship Renewal Requirements: Cadets must maintain a 2.3 GPA in order to receive the scholarship.

7. Scholarship Renewal Requirements: Cadets must maintain a 2.3 GPA in order to receive the scholarship.

8. Tuition Payment & Additional Funds Statement & Acknowledgment:

   a. I acknowledge that any costs not covered by tuition, including parking fees, travel, books, or any other costs I incurred, which are not covered by the scholarship, are my responsibility.
   b. I have ensured that the charges on this statement do not exceed the amount of any scholarships I have received.
   c. I have ensured that the charges on this statement do not exceed the amount of any scholarships I have received.

9. Additional Scholarships or Other Funding: Below is a list of additional scholarships or grants that I have received:

   a. Scholarship名称 1
   b. Scholarship名称 2
   c. Scholarship名称 3

10. What if AFROTC fails? This is a serious issue, and it is important to understand the consequences of failing to meet the requirements. If a cadet fails to meet the requirements, they may be terminated from the program. It is important to maintain a high level of academic performance in order to remain eligible for the scholarship.

Thank you for your attention to these important requirements. If you have any questions, please feel free to contact me.

Signature
[Signature]
Date
[Date]

[Print Name]
[Print Signature]

[Print Date]

[Print Name]
THANK YOU!