

UNITED STATES ARMY SPECIAL OPERATIONS FORCES

ENLISTED VOLUNTEER AND COMMITMENT STATEMENT

PURPOSE: The Army Special Operations Forces (ARSOF) Volunteer Statement is a required/initial document that authorizes correspondence, via electronic and/or otherwise, between Service Members (SM) and ARSOF Recruiters. It identifies: Service Member: administrative information, acknowledgment of volunteering for ARSOF training, obligations, & disqualifying factors. *NOTE: ALL Memoradums, LOYK's & bustantiating Document Templates that are identified and/or required will be provided by the ARSOF Recruiter on a case by case basis. They are subject to approval and/or disapproval by the Commanding General, U.S. Army John F. Kennedy Special Warfare Center and School (USAJFKSWCS).

Projected Class:

Application Date:

1. I am voluntee	ering to attend AF	SOF Assessment	& Sele	ction for the fo	llowing:			
2. Name (<i>Last, First, Middle Initial</i>)			3. SSN (Complete)		4. DODID		5. Date of Birth	6. Age
7. Grade	8. Date of Rank	9. Service/Compo	nent	10. GT Score	11. CO Scor	e 1	2. Sex	
13. Unit/Post		14. Phone Number Cell: Home: Duty:		15. Contact Email Military Email: Alternate Email:				
16. Chain of Command Contact Info								
CDR Name:		Phone:		Email:				
1SG Name:		Phone	e:		Email:			
17. Have you ever attended ARSOF A&S? Class and Result: Additional Classes and Comments:								
18. Have you ever been charged under the Uniform Code of Military Justice?								
Date: Charge: Action Taken:								
Date: Charge: Action Taken:								
19. Are you currently on assignment instructions? Location: Report Date: Note: NCOs on orders to Drill Sergeant or Recruiter Courses will not be deferred to attend ARSOF A&S. Report Date:								
20. Unit APFT Data Date Recorded: APFT Score:								
PU Raw:	PU Score:	SU Raw: S	U Sco	re: Run F	Raw: R	un S	Score:	
21. ARSOF Volunteer Acknowledgment I willfully volunteer for and commit to Army Special Operations Forces (ARSOF) training. I meet all criteria listed in AR 614-200, DA Pam 611-21, and exceptions to policy (ETPs) signed by CG, USAJFKSWCS. If I fail to meet any prerequisites, I must apply for a waiver through the SORB (A) to the appropriate authority as designated by the CG, USAJAFKSWCS. I understand that I must meet the moral requirements set forth in the CG, USAJFKSWCS Disqualifiers and there are no authorized waivers for violations. I understand that all medical and mental health records will be screened prior to attending A&S.								
If not already airborne qualified, I volunteer for Basic Airborne Course and acknowledge that failure to successfully complete training will disqualify me from an ARSOF Military Occupational Specialty (MOS). If volunteering for Special Forces, I understand I will have to attend Military Free Fall Course (MFFC) during the SF Qualification Course (SFQC). If selected to retrain into ARSOF MOS, I understand that there is a 36-month service obligation upon completion of any CMF 18, 37, or 38 producing course and may be required to reenlist. I further understand that upon receipt of MOS 37F or 38B, I may have to forfeit or repay any incentives for my previous MOS.								
I agree to receive correspondence (electronic or otherwise) from ARSOF recruiters and USAJFKSWCS.								
22. Servicemen The above pers knowledge, and Class.	sonal data is ac	curate to the best ad the above ARSC	t of m DF A&S	CAC Signatu y S	re with Date	Da	te Signed	
DATA REQUIRED BY THE PRIVACY ACT OF 1974 AUTHORITY: Title 10, USC 3013, PRINCIPAL PURPOSE: To serve as application for ARSOF Training: ROUTINE USERS: To provide a record of the individual's ARSOF Enlisted/Officer; MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Voluntary: failure to disclose information will have a negative impact on individual's application for ARSOF training.								