

U.S. NAVAL SEA CADET CORPS U.S. NAVY LEAGUE CADET CORPS	<h2 style="margin: 0;">ESCORT OFFICER QUESTIONNAIRE</h2>	
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INSTRUCTIONS

1. This form must be used to screen Escort Officers for service at NSCC/NLCC training contingents.
2. Include the completed form when submitting NSCTNG 002 or NSCTNG 004 to COTC for service as an Escort Officer.
3. The COTC will review each item on this form when evaluating suitability for service and billet assignments at NSCC/NLCC training.
4. Refer to the current training schedule for any additional training requirements.

1. PERSONNEL INFORMATION

1a. Last Name	1b. First Name	1c. Social Security Number
1d. Address	1e. City	1f. State
1h. Unit Name	1i. Rank	1j. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
		1k. Age

2. EXPERIENCE (Use additional sheets if necessary)

2a. Home Unit Primary Billet	2b. Home Unit Collateral Billet(s)
2c. Have you ever been a COTC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where and when:	
2d. Have you ever been an Escort Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where and when:	
2e. Are you former, retired or present military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list branch and highest rank/rate attained:	
2f. Have you ever attended formal leadership training or NSCC Officer Professional Development courses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list courses completed and dates:	
2g. Do you have formal medical training? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list qualification and attach documentation:	

3. BILLET ASSIGNMENT

3a. Billet Preference	
3b. Is there any billet assignment that you would not want, or could not perform? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
3c. Is there any reason you could not be assigned as a recruit division commander or division officer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
3d. Do you have any current physical restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
3e. Do you have a valid state driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, State of Issue:	3f. Do you have a valid bus driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, State of Issue:

4. TRAVEL INFORMATION

4a. Mode of travel <input type="checkbox"/> Airline <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Car	4b. Name of Airline/Train/Bus (if applicable)	4c. Arrival Flight Number	4d. Departure Flight Number
4e. Date of Arrival (DD MMM YY)	4f. Time of Arrival (Military time)	4g. Date of Departure (DD MMM YY)	4h. Date of Arrival (DD MMM YY)
4i. Make of Motor Vehicle	4j. Model	4k. Color	4l. License Plate Number and State

TRAVEL IN APPROPRIATE NSCC OR MILITARY UNIFORM IS RECOMMENDED FOR EASY IDENTIFICATION

5. COMMENTS