AFROTC Detachment 105
Applicant Admissions Processing Guide

CAO: 5 MAR 2019
<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHAPTER 1 – APPLYING TO AFROTC (APPLICANT SIDE)</td>
<td>3</td>
</tr>
<tr>
<td>CHAPTER 2 – COMPLETING THE APPLICATION CHECKLIST (APPLICANT SIDE)</td>
<td>9</td>
</tr>
<tr>
<td>CHAPTER 3 – NOTIFY DETACHMENT OF INTENT TO APPLY</td>
<td>26</td>
</tr>
</tbody>
</table>
CHAPTER 1 – APPLYING TO AFROTC (APPLICANT SIDE)

1.1. Admissions Process is the process by which prospective students formally apply for the program, are checked for viability, and become officially registered as cadets. This guide is designed to assist you in completing the admissions process required to in-process a Cadet into Air Force ROTC. Follow the steps in the exact order, be sure to read all instructions associated with this guide.

1.1.2 The Applicant (You) will click on the “Apply for ROTC” link via the Holms Center WINGS Portal (https://wings.holmcenter.com). Refer to Figure 1.1.

Figure 1.1. Click Apply for AFROTC

NOTE: If you applied for the High School Scholarship Program, verify that your personal information, questions and acknowledgments are current then skip to paragraph 2.11 (page 20)
1.1.3. You will be directed to the Privacy Act Statement. If you agree with the statement, Click Yes and Submit. Refer to Figure 1.2.

**Figure 1.2. Privacy Statement**

![Air Force ROTC Account Request](image)
1.1.4. To create your account, you must enter an active email account. *This email address will also be used as the username, along with the password you create at this screen.* Select a security Question and type Response. Click Submit. Refer to Figure 1.3.

**Figure 1.3. Account Creation with Active Email Account**

![Account Creation Screen](image1)

1.1.5. You will be directed to a new screen, notifying you that an activation code was sent to your email address. Keep the window open and check your email for the activation code. Refer to Figure 1.4.

**Figure 1.4. Keep Window and Check Your Email for Activation Code**

![Activation Code Email](image2)

1.1.6. Within minutes of entering your email address in WINGS, an Activation Code will be sent to the email address you provided. Check your inbox for the activation code sent from [hcportal@holmcenter.com](mailto:hcportal@holmcenter.com). Refer to Figure 1.5.
1.1.7. Type the activation code into the *Activation Code field and click Submit. Refer to Figure 1.6.

Figure 1.6. Enter Activation Code

1.2. Landing Portal. After you create the account, you will be directed to the WINGS Portal. Use your User ID (email address) and password to create your WINGS account. See Figure 1.7.

Figure 1.7. Sign in to WINGS Holm Center
1.3. **My Profile.** After you successfully login to WINGS, you will create your profile. Complete all fields. Click Submit. Refer to Figure 1.9.

**Figure 1.9. Complete My Profile**

<table>
<thead>
<tr>
<th>Personal</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>*First Name</td>
<td></td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
</tr>
<tr>
<td>*Last Name</td>
<td></td>
</tr>
<tr>
<td>*Gender</td>
<td></td>
</tr>
<tr>
<td>*Date of Birth</td>
<td></td>
</tr>
<tr>
<td>*Citizenship</td>
<td></td>
</tr>
<tr>
<td>*Social Security #</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Country&lt; USA</td>
</tr>
<tr>
<td>*Street Address</td>
</tr>
<tr>
<td>*City</td>
</tr>
<tr>
<td>*State</td>
</tr>
<tr>
<td>*ZIP Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Phone #</td>
</tr>
</tbody>
</table>

Must provide proof of US citizenship w/ Birth Certificate, Passport, Naturalization Papers etc. (original or certified true copy). You will not be admitted to the program without it.

*Do not put parents/house phone. Use personal/cell phone. We will use this to contact you.*
1.3.1. You will be prompted to verify your Date of Birth and Social Security Number by re-typing them. Once complete, click OK. Refer to Figure 1.10.

**Figure 1.10. Re-enter Date of Birth and Social Security Number**

You must provide proof of your SSN. The original SSN card or a certified true copy of the SSN card. You will not be admitted to the program without it.

1.3.2. Your Account Profile will be stored in the WINGS database, and will directed to your application.

Note: If there an existing profile with similar data as your profile, your profile will be reviewed by HQ AFROTC and you will receive a notification that your Account Profile is Under Review. See Figure 1.11.

**Figure 1.11. Account Profile Under Review**

1.3.3. Sign out of WINGS by clicking the three dots located at the top right corner of the screen. Refer to Figure 1.12.

**Figure 1.12. Sign Out of WINGS**
CHAPTER 2 – COMPLETING THE APPLICATION CHECKLIST (APPLICANT SIDE)

2.1. Completing the Application. You (Applicant) will login to WINGS. See Figure 2.1. (https://wings.holmcenter.com). See Figure 3.1.

Figure 2.1. Landing Portal. Use your User ID (email address) and password to login.

2.1.1. Click on My AFROTC Application tile. See Figure 2.2.

Figure 2.2. Click on My AFROTC Application

2.2. Intent for Completing the Application. Answer your intent for completing the online application. The checklist items will be listed, depending whether you are applying to the High School Scholarship Program (HSSP), joining the AFROTC Program, or just wanting to attend AFROTC classes.

2.2.1. If you click No to “Apply for the AFROTC HSSP” and No to “Join AFROTC,” you will be applying as a Participant. This will allow you to enroll in AFROTC classes only. You are required to select your school of preference(s). See Figure 2.3.
2.2.2. If you click No to “Apply for the AFROTC HSSP” and Yes to “Join AFROTC,” you are required you to complete a list of items in the checklist. Click on each item. Refer to Figure 2.4.

NOTE: All these boxes must be checked for your application to be complete
2.3. **Select Schools.** Click Select Schools. Select the colleges you are attending by clicking the drop-down menu for the state and the preferred colleges. If you have more than one school of preferences, rank them in preference order. Click Save & Close. Refer to Figure 2.5.

**Figure 2.5. Select Schools You are Interested in**
2.4. **Youth Experience.** Answer all fields and click OK. If you have any Youth Experience, you will any certificates or documents in Supporting Documents in your application checklist. Refer to Figure 2.6.

**Figure 2.6. Complete all Fields for Youth Experience**

NOTE: Bring a copy during in-processing or upload your youth experience certificates in your WINGS application.

2.5. **Contact Information.** Click the drop-down menu to indicate the Type of phone number, email address, and address registered to the account. The home of record is your primary residence. If you currently live in a different address, click the + sign and add your current address. Ensure information and type is accurate. Once complete, click OK. Refer to Figure 2.7.

**Figure 2.7. Complete all Fields for Contact Information**

Home of Record is the state recorded by the military as your home when you were enlisted, appointed, commissioned, inducted, or ordered in a tour of active duty. This is often the state you should continue to use as your tax home as you move from state to state (or overseas) on military orders.
2.6. Demographics. Complete all fields and click OK. See Figure 2.8.

Figure 2.8. Complete all Fields for Demographics.

2.7. Military. Answer all fields. Males will require their Selective Service Number. Refer to Figure 2.9.

Figure 2.9. Complete all Fields for Military.

Prior Service, Guard, and Reserves: Must upload and bring a copy of your DD214

Current Guard and Reserve members: Must upload and bring a copy of DD Form 368 Conditional Release. This form is mandatory for you to be admitted in the program.
2.8. **Medical.** Answer, then Save & Close. Refer to Figure 3.10.

**Figure 2.10. Answer and click Save & Close.**

If marked "No" you must provide a completed sports physical signed by a physician on attachment 2 of this processing guide.

2.9. **Dependents.** Answer and complete fields. If you have a dependent, you will be required to enter your dependent’s contact information and acknowledgement the statements for Dependent / Dependent Care. Click Continue. Refer to Figure 2.11.

**Figure 2.11. Complete all Fields for Dependents**

NOTE: Take the AFROTC Form 28 Sports Physical to any clinic who can conduct a sports physical examination. The clinic/doctor/medical examiner needs to annotate the results in the Attachment 2 of this guide. The required blocks are highlighted in yellow. Upload this form in your application as a PDF format only. Once uploaded, a cadre will sign it.
2.9.1. Read and understand the Questions /Acknowledgements for Dependent / Dependent Care. If you acknowledge, check the box beside it. Click Save & Continue when complete. Refer to Figure 2.12 and 2.13.

**Figure 2.12. Read and Answer Items in Dependent / Dependent Care**
Figure 2.13. Read and Answer Items in Dependent / Dependent Care
2.10. Questions / Acknowledgements. Click Questions/Acknowledgments. You must read and answer all questions and acknowledgments truthfully. Click Next to go to next series of Questions / Acknowledgements. Clicking Next will save current answers and move to next screen. Once complete, Click Save & Close. See Figure 2.14 and 2.15.

Note: You must read and answer all questions and acknowledgments truthfully. If you do not understand the question, do not answer that portion and return to it, once the detachment has provided clarification of the question / acknowledgment.

2.10.1. Clicking Save & Close will close you out of the module. Make sure you have answered all questions and acknowledgements before moving on.

Figure 2.14. Read and Answer Items Truthfully in Questions / Acknowledgements
2.10.2. If you proceed to Next page without answering all questions, a message will appear notifying you not all questions were answered. Click OK and remember to unanswered questions / acknowledgements. See Figure 2.16.

2.10.3. An uncommon response will require you to provide additional information for the acknowledgement. Click OK when complete. Refer to Figure 2.17.
Figure 2.17. Provide Additional Information for an Uncommon Response.

2.10.4. Once all questions have been answered, click Save & Close. Refer to Figure 2.18.

Figure 2.18. Provide Additional Information for an Uncommon Response
2.11. Releases & Forms. Use the forms in this guide. Read the instructions below. Completely fill out the forms and upload them in WINGS.

2.11.1. You are required to print, fill out, sign and upload all of the forms and bring it to the detachment for in-processing.

Figure 2.19.

**Form Instructions:**

**Drug Demand Release Form (attachment 5):** Read, sign, date and upload as a PDF File format. Once uploaded detachment staff will sign it.

**DD Form 2005 (attachment 4):** Read, sign, add your SSN and date the form.

**Mail Access Authorization Release (attachment 6):** Read, sign, date and upload the form as a PDF File format. Once uploaded detachment staff will sign it.

**Request for Release of Student Records (attachment 7):** Fill your name, read, sign and date the form as a PDF File format. If you are under 18, your parents signature is required.

**DD Form 93 (attachment 3):** Fill out highlighted items

- **Block 6a.** and **7a.** If a parent is unknown, deceased or have no contact info, annotate as such on the block. If both parents are unknown, identify at least one legal guardian and relationship to you. Include full name, phone and address.

- **Block 8a and 8b:** If you do not want your parents to be notified due to ill health, provide an emergency contact info. **Block 15:** Sign, date and upload the form as a PDF File format. Detachment staff will sign block 16 once uploaded.
2.12. **Supporting Documents.** Click on Supporting Documents. The required supporting documents will be dependent on how you answered your application. Example: If you had answered that you were in the Boys Scouts, you will be required to upload a Scout Certificate. Refer to Figure 2.20.

**Figure 2.20. Click Add Attachment and Browse for File.**

**UPLOAD ALL FORMS AS A PDF FILE FORMAT ONLY!**

**Mandatory Forms to Upload:**
1. Drug Demand Reduction Release (Attachment 5)
2. DD Form 2005 (Attachment 4)
4. DD Form 93 (Attachment 3)
5. Request for Release of Student Records (Attachment 7)
6. AFROTC Form 28 Sports Physical (Attachment 2)
7. Prior Service, Reserves, or ANG Only: DD Form 214
Figure 2.21. Click Add Attachment and Browse for File to Upload.

<table>
<thead>
<tr>
<th>Contact Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Acadd, Hewanna</td>
</tr>
</tbody>
</table>

Uploading a file:
- Click Add Attachment
- Browse for file

Upload as PDF format only!!
2.13. Civil Involvements (CI). If you have had any involvement with any civil, military, school authorities / law enforcement officials (regardless of its insignificance, disposition, or finding), it must be reported. Ensure you read and understand what a CI is. Click Add an Involvement if you have any to report. Refer to Figure 2.22.

Figure 2.22. Click Add Involvement if You Have a Civil Involvement to Report

You must upload all supporting documentations regarding your civil involvement. Your application will be rejected and we will not review your case for a waiver approval without it.

You must provide a written statement regarding the civil involvement you identified. Include all the details of the incident. Use the 5 W's (Who, What, When, Where, Why). Provide as much detail as possible in the written statement. Sign and upload that written statement in your application. Once your written statement and supporting documentations is uploaded, the waiver authority will review your case. The Detachment Commander will contact you regarding your civil involvement case. He/She will decide whether to waive your case, forward it to the appropriate waiver authority or deny your application to the program. The decision will be on a case by case basis.

If your civil involvement is on going, you must upload all of the supporting documentations. We will review it and decide if you are conditionally admitted in the program. The final decision will be made once your civil involvement case is closed.

NOTE TO APPLICANT: YOU MUST REPORT ANY CIVIL INVOLVEMENT (includes arrests, traffic stops, suspensions from school, incidents at school where you were involved as the instigator and received some form of administrative discipline, etc) no matter how it was resolved. Even if someone told you it was expunged from your records, you must report it. Later in your cadet career or career in the Air Force, you will be submitted for a security clearance. In the investigation that occurs for that clearance, any previous incidents may be found and if you did not report them previously, you could be subject to fines or imprisonment. THIS IS A SERIOUS THING. If in doubt, report it. We can waive many of these incidents and allow you to join the program so there is no benefit to not reporting them.
2.13.1. Provide details of the CI, provide a written statement and upload documents. Click Report/Save to save and return to CI, at a later time. Submit as Complete when required documents and written statement have been provided. Refer to Figure 2.23

NOTE: Upload all of your civil involvement supporting documentations. We will not schedule you for in-processing until this requirement is completed.

Figure 2.23. Complete Fields for CI

Note: click on the + sign to upload your written statement. Written statements and copies of tickets/citations are mandatory.
2.14. All Items Checked. Once you receive check marks on all boxes, click Submit. The detachment will review the application and contact you for any questions and explanations. If you do not complete the checklist, the application will save automatically and you may complete the application at a later time. Refer to Figure 2.24.

**Figure 2.24. Application List Items all Checked**

2.14.1. Sign out of WINGS by clicking the three dots at top right corner. See Figure 2.25.

**Figure 2.25. Sign Out of WINGS**

*Note:* You will need to contact Detachment 105. We do not have visibility on your application until you notify us of your intent to apply for our program. You must be accepted to CU Boulder/Denver, Mines, DU, Metro, Regis, UCCS, Arapahoe CC, Colorado Christian University, Front Range CC, or Colorado Technical University.
CHAPTER 3 - NOTIFY DETACHMENT OF INTENT TO APPLY

3.1 Notifying the Detachment. Complete the in-processing checklist on page 27 (Attachment 1) and email the checklist to det105@colorado.edu.

3.1.1 Detachment Actions. We will review your application in WINGS and schedule you for an in-processing appointment with the detachment staff once we receive your completed in-processing checklist. You must email the checklist on page 27 (Attachment 1). This will notify us of your intent to apply to our program.

3.2 In-processing documents. Bring the following COMPLETED documents with you to in-processing:

3.2.1 AFROTC Form 28 Sports Physical (Attachment 2)
3.2.2 DD Form 93 Emergency Data Card (Attachment 3)
3.2.3 DD Form 2005 Privacy Act Statement-Healthcare Records (Attachment 4)
3.2.4 Drug Demand Reduction Release (Attachment 5)
3.2.5 Mail Access Authorization Release (Attachment 6)
3.2.6 Release of Student Records (Attachment 7)
3.2.7 Original birth certificate OR a certified true copy w/ stamp by a Notary
3.2.8 Original Social security card OR certified true copy w/ stamp by a Notary
3.2.9 DoDMERB Application Form Completed (Attachment 8)
3.2.10 High school or College (if applicable) transcripts
3.2.11 DD Form 2983 (Attachment 9)
3.2.12 ACT/SAT score sheet
3.2.13 (If applicable) Prior Service, Reserves or National Guard Only: Copy of DD214 or DD Form 368 Conditional Release
3.2.14 Males Only: Proof of Selective Service Letter (https://www.sss.gov/)
IN-PROCESSING CHECKLIST

Complete Applicant Info:

- Name (Last, First, MI): ___________________________________
- School: ________________________________________________
- School ID Number: _______________________________________
- Last 4 SSN:____________________
- Major (Degree): __________________________
- Projected Graduation Date (Day/Month/Year):___________________

Initial the next to the items once uploaded, completed, obtained or filled out. Put N/A if not applicable to you. BRING THE DOCUMENTS below during your screening/in-processing interview:

- Applicant Initials ____ AFROTC Form 28 Sports Physical (upload in WINGS and bring to in-processing)
- Applicant Initials ____ DD Form 93 Emergency Data Card (upload in WINGS and bring to in-processing)
- Applicant Initials ____ DD Form 2005 Privacy Act Statement-Healthcare Records (upload in WINGS and bring to in-processing)
- Applicant Initials ____ Drug Demand Reduction Release (upload in WINGS and bring to in-processing)
- Applicant Initials ____ Mail Access Authorization Release (upload in WINGS and bring to in-processing)
- Applicant Initials ____ If Applicable: Civil Involvement Supporting Documentations (Upload in WINGS ONLY)
- Applicant Initials ____ Release of Student Records (upload in WINGS and bring to in-processing)
- Applicant Initials ____ Original birth certificate OR a certified true copy w/ stamp by a Notary
- Applicant Initials ____ Original Social security card OR a certified true copy w/ stamp by a Notary
- Applicant Initials ____ DoDMERB Application Form Completed
- Applicant Initials ____ High school or College (if applicable) transcripts
- Applicant Initials ____ DD Form 2983

- Applicant Initials ____ ACT/SAT score sheet
- Applicant Initials ____ Prior Service, Reserves or National Guard Only: Copy of DD214 or DD Form 368 Conditional Release
- Applicant Initials ____ Males Only: Proof of Selective Service Letter
  - https://www.sss.gov/

Email this checklist to det105@colorado.edu once completed

You will not be scheduled for In-processing until this worksheet is completed

For any questions please contact the NCOs at 303-492-6449 or 3130

Applications are due no later than 18 Dec 2019 for Spring 2020 Admissions
AIR FORCE ROTC PRE-PARTICIPATORY SPORTS PHYSICAL

1. CADET/APPLICANT NAME

2. AFROTC DETACHMENT

MEDICAL AUTHORITY: Measure height and weight of cadet/applicant. Compare results to AF standards listed on reverse, check block 7 and certify as requested below.

AFROTC CADRE: If cadet/applicant exceeds AF weight standards, conduct a Body Fat Measurement IAW DoDI 1308.3.

3. CADET/APPLICANT MEASUREMENTS

<table>
<thead>
<tr>
<th>HEIGHT</th>
<th>WEIGHT</th>
</tr>
</thead>
</table>

4. AIR FORCE WEIGHT STANDARDS

<table>
<thead>
<tr>
<th>MINIMUM</th>
<th>MAXIMUM</th>
</tr>
</thead>
</table>

(found on reverse)

5. BODY FAT MEASUREMENT

6. BODY FAT STANDARDS:
   - FEMALE - 26%
   - MALE - 18%

7. CHECK APPLICABLE BOX

<table>
<thead>
<tr>
<th>IS WITHIN AIR FORCE WEIGHT STANDARDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXCEEDS AIR FORCE WEIGHT STANDARDS</td>
</tr>
<tr>
<td>IS BELOW AIR FORCE WEIGHT STANDARDS</td>
</tr>
</tbody>
</table>

8. MEDICAL AUTHORITY: PLEASE REVIEW THE ABOVE INFORMATION. CONDUCT COUNSELING BELOW IN APPLICABLE AREAS, AND SIGN.

   I, (print name), HAVE EXAMINED THIS CADET/APPLICANT AND REVIEWED HIS/SHER MEDICAL HISTORY. THE FOLLOWING ARE THE RESULTS:

9. (IF CADET/APPLICANT IS BELOW AIR FORCE WEIGHT STANDARDS)

   I CERTIFY THIS CADET/APPLICANT'S LEAN BODY MASS POSES NO HEALTH RISK; NO SIGNS OF EATING DISORDERS EXIST. I HAVE DISCUSSED THE IMPORTANCE OF NUTRITION AND WEIGHT MANAGEMENT. __________________________ (Medical Authority Initials)

10. (IF CADET/APPLICANT EXCEEDS AIR FORCE WEIGHT STANDARDS)

    I HAVE DISCUSSED APPROPRIATE AND SAFE WEIGHT LOSS WITH THE CADET/APPLICANT. __________________________ (Medical Authority Initials)

11. (FOR ALL CADETS/APPLICANTS)

    I DID / DID NOT (please circle) FIND MEDICAL CONDITION(S) OR PHYSICAL IMPAIRMENT(S) THAT WOULD PRECLUDE THIS CADET/APPLICANT FROM PARTICIPATING IN A RIGOROUS PHYSICAL TRAINING PROGRAM. IF A MEDICAL CONDITION/PHYSICAL IMPAIRMENT EXISTS THAT MAY PRECLUDE THE INDIVIDUAL FROM PARTICIPATING, PLEASE EXPLAIN:

EXAMINATION DATE

PHYSICIAN OR MEDICAL AUTHORITY SIGNATURE

AFROTC CADRE: REVIEW THE INFORMATION ENTERED ABOVE AND SIGN BELOW:

DATE

AFROTC CADRE SIGNATURE

(Cadre will sign once uploaded in WINGS)

AFROTC FORM 28, 20180423
AFI 36-2905_AFROTCSUP

Upload into WINGS once signed by the Physician or Medical Authority
Attachment 13

TABLE A13.1. MAXIMUM BODY MASS INDEX (BMI) STANDARDS:

Represents Maximum Allowable Weights for BMI of 25 kg/m$^2$ (regardless of age and gender)

| Height (inches) | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 |
|-----------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Weight (pounds) | 119| 124| 128| 132| 136| 141| 145| 150| 155| 159| 164| 169| 174| 179| 184| 189| 194| 200| 205| 210| 216| 221| 227 |
**RECORD OF EMERGENCY DATA**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 5 USC 552, 10 USC 655, 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397 (SSN).

**PRINCIPAL PURPOSES:** This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. For military personnel, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. For civilian personnel, it is used to expedite the notification process in the event of an emergency and/or the death of the member. The purpose of soliciting the SSN is to provide positive identification. All items may not be applicable.

**ROUTINE USES:** None.

**DISCLOSURE:** Voluntary; however, failure to provide accurate personal identification information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.

---

### INSTRUCTIONS TO SERVICE MEMBER

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiancé), and to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.

---

### INSTRUCTIONS TO CIVILIANS

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. Not every item on this form is applicable to you. This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death. It does not have a legal impact on other forms you may have completed with the DoD or your employer.

**IMPORTANT:** This form is divided into two sections: Section 1 - Emergency Contact Information and Section 2 - Benefits Related Information. READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.

---

### SECTION 1 - EMERGENCY CONTACT INFORMATION

1. **NAME** (Last, First, Middle Initial)

   3a. **SERVICE/CIVILIAN CATEGORY**
   - [ ] ARMY
   - [ ] NAVY
   - [ ] MARINE CORPS
   - [X] AIR FORCE
   - [ ] DoD
   - [ ] CIVILIAN
   - [ ] CONTRACTOR

2. **SSN**

   3b. **REPORTING UNIT CODE/DUTY STATION**
   - AFROTC Det 105 / Boulder, CO

4a. **SPOUSE NAME** (If applicable) (Last, First, Middle Initial)

   - [ ] SINGLE
   - [ ] DIVORCED
   - [ ] WIDOWED

5. **CHILDREN**

   a. **NAME** (Last, First, Middle Initial)
   b. **RELATIONSHIP**
   c. **DATE OF BIRTH** (YYYYMMDD)
   d. **ADDRESS** (Include ZIP Code) AND TELEPHONE NUMBER

6a. **FATHER NAME** (Last, First, Middle Initial)

   b. **ADDRESS** (Include ZIP Code) AND TELEPHONE NUMBER

6b. **ADDRESS:** Phone Number:

   Address:

7a. **MOTHER NAME** (Last, First, Middle Initial)

   b. **ADDRESS** (Include ZIP Code) AND TELEPHONE NUMBER

7b. **ADDRESS:** Phone Number

8a. **DO NOT NOTIFY DUE TO ILL HEALTH**

   b. **NOTIFY INSTEAD**

9a. **DESIGNATED PERSON(S)** (Military only)

   b. **ADDRESS** (Include ZIP Code) AND TELEPHONE NUMBER

10. **CONTRACTING AGENCY AND TELEPHONE NUMBER** (Contractors only)

   N/A

---

_DDD FORM 93, JAN 2008_
## SECTION 2 - BENEFITS RELATED INFORMATION

<table>
<thead>
<tr>
<th>11a. BENEFICIARY(IES) FOR DEATH GRATUITY (Military only)</th>
<th>b. RELATIONSHIP</th>
<th>c. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER</th>
<th>d. PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES (Military only)</th>
<th>b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER</th>
<th>c. PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD) (Military only)</th>
<th>b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. CONTINUATION/REMARKS</th>
<th>If you have Life Insurance please write down the company name and coverage. If no Life Insurance please write &quot;None&quot; and Initials</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>15. SIGNATURE OF SERVICE MEMBER/CIVILIAN (Include rank, rate, or grade if applicable)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>16. SIGNATURE OF WITNESS (Include rank, rate, or grade as appropriate)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>17. DATE SIGNED (YYYYMMDD)</th>
</tr>
</thead>
</table>
PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

This form is not an authorization or consent to use or disclose your health information.

1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN):

10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. Chapter 55, Medical and Dental Care; 42 U.S.C. Chapter 32, Third Party Liability for Hospital and Medical Care; 32 CFR Part 199, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); DoDI 6055.05, Occupational and Environmental Health (OEH); and E.O. 9397 (SSN), as amended.

2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED:

Information may be collected from you to provide and document your medical care; determine your eligibility for benefits and entitlements; adjudicate claims; determine whether a third party is responsible for the cost of Military Health System (MHS) provided healthcare and recover that cost; evaluate your fitness for duty and medical concerns which may have resulted from an occupational or environmental hazard; evaluate the MHS and its programs; and perform administrative tasks related to MHS operations and personnel readiness.

3. ROUTINE USES:

Information in your records may be disclosed to:
- Private physicians and Federal agencies, including the Department of Veterans Affairs, Health and Human Services, and Homeland Security (with regard to members of the Coast Guard), in connection with your medical care;
- Government agencies to determine your eligibility for benefits and entitlements;
- Government and nongovernment third parties to recover the cost of MHS provided care;
- Public health authorities to document and review occupational and environmental exposure data; and
- Government and nongovernment organizations to perform DoD-approved research.

Information in your records may be used for other lawful reasons which may include teaching, compiling statistical data, and evaluating the care rendered. Use and disclosure of your records outside of DoD may also occur in accordance with 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, which incorporates the DoD Blanket Routine Uses published at: http://dpcld.defense.gov/privacy/SORNsIndex/BlanketRoutineUses.aspx.

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.

4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:

Voluntary. If you choose not to provide the requested information, comprehensive health care services may not be possible, you may experience administrative delays, and you may be rejected for service or an assignment. However, care will not be denied.

This all inclusive Privacy Act Statement will apply to all requests for personal information made by MHS health care treatment personnel or for medical/dental treatment purposes and is intended to become a permanent part of your health care record.

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

5. SIGNATURE OF PATIENT OR SPONSOR

6. SOCIAL SECURITY NUMBER OR DOD IDENTIFICATION NUMBER OF MEMBER OR SPONSOR

7. DATE (YYYYMMDD)
MEMORANDUM OF UNDERSTANDING FOR DRUG TESTING POLICY
FOR CADETS PARTICIPATING IN RESERVE OFFICER TRAINING CORPS (ROTC)

By direction of the Secretary of the Air Force, I understand as an Air Force ROTC cadet participating in a ROTC 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.

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)

Printed Name and Signature Witness (or Notary) and Date

Cadre will sign once uploaded in WINGS
The Detachment Commander (CC), the Personnel NCO (DP), and the Information Management NCO (IM) need to open official US Air Force (USAF) correspondence delivered to the detachment addressed to cadets. Access to these documents is for the verification and accuracy of the contents ONLY. Specific documents we open are: assignment orders for cadets entering active duty, cadet travel summaries, and cadet Leave and Earnings Statements (LES). We must verify these documents when received to ensure accuracy and to immediately correct or report any discrepancies to higher headquarters. In accordance with the Privacy Act, we must have your permission to access this mail. Therefore, request you sign your payroll signature below to consent to our access. Giving consent is strictly voluntary. However, if you do not give your consent, delays may be encountered in processing these vital items. Only OFFICIAL USAF correspondence specifically approved by the detachment commander will be opened. Please sign below if you agree to authorize cadre members to open OFFICIAL USAF mail addressed to you.

________________________________________  __________________________________________
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)

________________________________________
Printed Name and Signature Witness (or Notary) and Date
Cadre will sign once uploaded in WINGS
1. In compliance with PL 93-389, “Family Educational Rights and Privacy Act”, your consent is required to permit the educational institution or AFROTC Detachment 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 Department of Defense (DOD) agencies, as may be required by such 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 tis 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 this 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 evaluation.

3. Your signature below signifies receipt and agreement of the above statement and that you have read and understand our request for official copies of your school records. And you hereby voluntarily consent to the release of such official records as we may require in the above stated request. You therefore authorize appropriate school officials or detachment personnel to release to the above requestor, their successor, or to the appropriate DOD agency any and all official records, files, and data for their use as requested above.

_________________________________   ___________________________________
(Student’s Signature)              (Parent’s Signature if student is under 18 years of age)
DoDMERB Application Form

First Name: _________________________________________________________________

Last Name: _________________________________________________________________

Middle Initial: _______________________________________________________________

Full Social Security Number: ____________________________________________________

Birth Date (MM/DD/YYYY): _____________________________________________________

Gender: Male   Female

Applicant Email: ______________________________________________________________

Cellphone: ___________________________________________________________________

Street Address: _______________________________________________________________

City: _________________________________________________________________________

State: _______________________________________________________________________

Zip Code: ___________________________________________________________________

Have you completed a DoDMERB medical exam from a previous ROTC Application, Service Academy Application or Military Entry? Yes   No

If yes, provide the date of exam (MM/DD/YYYY): ________________________________
**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://dpcl.g.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx](http://dpcl.g.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.

1. **RECRUIT/TRAINEE NAME** (Last, First, Middle)

2. **PAY GRADE**

3. **RECRUITING OFFICE/TRAINING COMMAND**

4. **RECRUITING OFFICE/TRAINING COMMAND ADDRESS** (City, State, ZIP Code)

Boulder, CO, 80309

5. **DATE SIGNED** (YYYYMMDD)

6. **SIGNATURE**

7. **I ACKNOWLEDGE AND UNDERSTAND THAT AS A RECRUIT OR TRAINEE, I WILL NOT:**

   - 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.

   - b. Establish a common household with a recruiter/trainer, that is, share the same living area in an apartment, house, or other dwelling.

   - c. Consume alcohol with a recruiter/trainer on a personal social basis.

   - d. Attend social gatherings, clubs, bars, theaters or similar establishments on a personal social basis with a recruiter/trainer.

   - e. Allow entry of any recruiter/trainer in my dwelling or privately-owned vehicle except to conduct official business. Exceptions are permitted for official business when the safety or welfare of the recruiter/trainer is at risk.

   - f. Gamble with a recruiter/trainer.

   - g. Make sexual advances toward, or seek or accept sexual advances or favors from, a recruiter/trainer.

   - h. Lend money to, borrow money from, or otherwise become indebted to a recruiter/trainer.

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**

   - a. **NAME** (Last, First, Middle Initial)
   - b. **TITLE**
   - c. **DATE SIGNED** (YYYYMMDD)
   - d. **SIGNATURE/RANK**