



# UNITED STATES ARMY SPECIAL OPERATIONS FORCES

## OFFICER 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 Memorandums, LOR's & Substantiating 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:**

**Alternate Projected Class:**

**Application Date:**

1. I am volunteering to attend ARSOF Assessment & Selection for the following:

2. Name ( <i>Last, First, Middle Initial</i> )	3. SSN (Complete)	4. DODID	5. Date of Birth	6. Age
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7. Grade	8. Date of Rank	9. Service/Component	10. Year Group	11. Sex	12. Previous ARSOF MOS
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13. Unit/Post	14. Phone Number Cell: Home: Duty:	15. Contact Email Military Email: Alternate Email:
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16. Chain of Command Contact Info

CDR Name:	Phone:	Email:
1SG Name:	Phone:	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:

20. SORB (A) PFA Data Date Recorded:

PU Raw:      2MR:      Pull Ups:      6MR/Dry:

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, USAJFKSWCS. 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 Active Duty Service Obligation upon completion of any CMF 18, 37, or 38 producing course IAW AR 350-100. I agree to receive correspondence (electronic or otherwise) from ARSOF recruiters, USAJFKSWCS, and Army Human Resources Command. I will be scheduled to attend A&S by the Proponent Future Readiness Officer.

**22. Servicemember Signature**

The above personal data is accurate to the best of my knowledge, and I request to attend ARSOF A&S.

CAC Signature with Date      Date 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.