

APPLICATION FOR ACTIVE DUTY FOR TRAINING, ACTIVE DUTY FOR SPECIAL WORK, TEMPORARY TOUR OF ACTIVE DUTY, ANNUAL TRAINING, AND FULL-TIME NATIONAL GUARD DUTY FOR SPECIAL WORK FOR SOLDIERS OF THE ARMY NATIONAL GUARD

For use of this form, see NGR 37-111 ; the proponent agency is NGB-ARH-S

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC 12301(d) / 32 USC 502(f)

PRINCIPLE PURPOSE: To determine eligibility and schedule individuals for active duty for special work, Temporary Tours of Active Duty, full-time National Guard duty for special work, active duty for training or additional annual training on requested dates.

ROUTINE USES: To identify the applicant as a Reserve Component member and to issue active duty for special work for active duty for training orders.

DISCLOSURE: Completing this form is mandatory for individuals applying for active duty for special work or active duty for training. If not completed, you will not be eligible for the requested tour.

PART I - APPLICANT (Read instructions in NGR 37-111 before completing this form.)

1. TO (Include ZIP code)

2. NAME (Last, First, MI)		3. SSN	
4a. PERMANENT HOME ADDRESS (Include ZIP code)		5a. ADDRESS FROM WHICH YOU WILL REPORT FOR DUTY (if different from permanent home address) (include ZIP code)	
4b. HOME TELEPHONE NUMBER (Include area code)		5b. HOME TELEPHONE NUMBER (Include area code)	
4c. BUSINESS TELEPHONE NUMBER (Include area code)		5c. BUSINESS TELEPHONE NUMBER (Include area code)	
6. UNIT OF ASSIGNMENT OR ATTACHMENT		7. GRADE	8. BRANCH/MOS
9. SEX <input type="checkbox"/> M <input type="checkbox"/> F	10. D.O.B.	11. MARITAL STATUS	12. NO. OF DEPENDANTS
13. PRIMARY SSI (AOC)/MOS	14. DUTY SSI (AOC)/MOS	15. HEIGHT	16. WEIGHT
17. <input type="checkbox"/> I am <input type="checkbox"/> I am not drawing a pension, disability compensation, or retired pay from the U.S. Government		18. TOTAL YEARS, MONTHS, DAYS OF ACTIVE FEDERAL SERVICE (AFS)	

19. NAME, RANK AND SIGNATURE OF NGB / STATE / TERRITORY HUMAN RESOURCE OFFICER (or AGR TOUR MANAGER) VERIFYING DATA IN BLOCK 18.

20. DATES OF ADSW / FTNGDSW / TTAD / ADT / AT REQUESTED:

a. FIRST CHOICE		b. SECOND CHOICE	
NUMBER OF DAYS	BEGINNING DATE/TIME	NUMBER OF DAYS	BEGINNING DATE/TIME
LOCATION		LOCATION	
DUTY/TRAINING AGENCY		DUTY/TRAINING AGENCY	

21. To the best of my knowledge and belief, I am physically qualified for active military service. I was:

a. LAST EXAMINED ON	b. AT
22. SIGNATURE	23. DATE

