

<b>CG-BSX</b> (Ver 1.0) Rev. 06/2021	<b>USCG AUXILIARY ASSISTANCE REQUEST</b>				
This form documents information needed to process requests for Auxiliary assistance. Please fill out all applicable fields with as much detail as possible and submit to: <a href="mailto:HQS-SMB-BSX-CGAUX@uscg.mil">HQS-SMB-BSX-CGAUX@uscg.mil</a> .					
<b>1. Auxiliariist Information:</b>					
<b>a. Is this solicitation open to any Auxiliariist? Or just local Auxiliariists?</b>					
<b>b. How many volunteers are being requested?</b>					
<b>2. If a volunteer has already been identified, please provide the information below: (attach additional names separately)</b>					
<b>a. Name</b> (Last, First, Middle Initial)	<b>b. Auxiliary Office</b>	<b>c. Member ID</b>	<b>d. City/State</b>	<b>e. Aux District/Region</b>	
<b>f. Does the Auxiliariist have an ALAC?</b>					
			Yes	(or)	No
<b>3. Purpose of Assistance Request:</b>					
<b>a. What specific task(s) will the Auxiliariist(s) be expected to perform? Please indicate expected frequency (e.g, on-site work once each week).</b>					
<b>b. Are there available job aids for completing the requested task?</b>					
If so, requesting office is responsible for providing job aids to the Auxiliariist(s).			Yes	(or)	No
<b>c. The requested task(s) can be completed: remotely only / on-site only / combination of remote and on-site work acceptable.</b>					
<b>d. Does the task require access to CG Network?</b>					
Consider that most Auxiliariists do not have access to the CG Network.			Yes	(or)	No
<b>e. Does the task(s) require a security clearance?</b>					
			Yes	(or)	No
<b>4. Dates of Request (Indicate "Indefinite" for End Date and Total Days if the request period is uncertain/open-ended)</b>					
<b>a. Begin Date</b>	<b>b. End Date</b>	<b>c. Total Days</b>			
<b>5. Location of Requested assignment: (Office, City, State, Zip)</b>					
<b>6. Who will fund the orders (if required)?</b>					
<b>a. Name</b> (Last, First, Middle Initial)	<b>b. Grade/Rate</b>	<b>c. Email</b>	<b>d. Phone Number</b>	<b>e. Div/Branch</b>	
<b>7. Who will draft the orders (if required)?</b>					
<b>a. Name</b> (Last, First, Middle Initial)	<b>b. Grade/Rate</b>	<b>c. Email</b>	<b>d. Phone Number</b>	<b>e. Div/Branch</b>	
<b>8. What expenses will be reimbursed and what on-site access will be facilitated (e.g., mileage; tolls; parking available; facility visitor badge provided)?"</b>					
<b>9. Lead POC who is available to provide information to the Auxiliariist(s):</b>					
<b>a. Name</b> (Last, First, Middle Initial)	<b>b. Grade/Rate</b>	<b>c. Email</b>	<b>d. Phone Number</b>	<b>e. Div/Branch</b>	