**Cultural Support Program Packet Instruction**

A complete packet includes the volunteer statement (filled out correctly, signed by yourself and the first O5 in your chain of command, scanned, and attached), CST Check list with all verifying official’s initials, record APFT card with height and weight (scanned and attached, must be dated no earlier than October 2013), up to date ERB/ORB, last three NCOER/OER (if either you do not have an NCOER/OER or you do not have three then attach a letter of recommendation (LOR) from someone of a higher rank than yourself. You must submit the number of LORs corresponding with the number of NCOER/OER that you do not have; i.e. if you only have one NCOER/OER then you must submit the one NCOER/OER and two more LORs), a copy of your Government Travel Card with all the account numbers blackened out and scan it back with your packet as well as the GTC verification memo completed and signed and the KSA information in the body of your e-mail. All applicants will have to submit a complete SERE course physical if on active duty and an Airborne physical if Reserve or National Guard along with the packet. The physical needs to be submitted by the packet submission date and usually takes some time to complete, therefore, it would be in the applicant’s best interest to start the physical process as soon as possible.

*\*\*Volunteering for the program does not automatically guarantee orders for Assessment and Selection because seats are limited. \*\**

Additional knowledge, skills, and abilities (KSA)

* Foreign Language Proficiency: institutional, cultural, DLI, Rosetta Stone, etc
* Medical Training: EMT, firefighter, CLS, etc
* Advanced Education: Masters, IT Certifications, Licenses, etc
* Advanced Tactical Military Education: Airborne, Air Assault, Jumpmaster, Pathfinder, Military Police, CID Civil Affairs, range or weapon’s instructor, etc
* Any Civilian Experience Relevant to the Course: US Border Patrol, etc.

In your e-mail, please clearly state your unit, your MOS (series number and title), the home location of your unit if deployed, your home of record if you are Guard/Reserve, and valid contact information that can be used throughout the training course. If your e-mail will no longer be valid once you arrive at the course (i.e. overseas e-mail), please provide an alternate e-mail address.

Name: Rank, First, Middle Initial, Last Name

* MOS Series and Letter; Title
* Unit Information\*
* Home of Record if Guard/Reserve\*
* Phone Number(s)
* Good Email Addresses that can be used throughout the course, to include AKO, enterprise and personal email addresses

*\*Your unit information/home of record is important to include because it expedites the orders process. We need to know where you will physically be coming from when we give you orders to Ft. Bragg.*

Once the volunteer statement and packet is complete, it should be scanned and attached with all other documents to the following e-mail address: usarmy.knox.usarec.list.9sbn-cst-recruiting-team@mail.mil.

Approximately four weeks after the suspense deadline for volunteer statements, selected volunteers will receive a course reservation notification by e-mail to their AKO or enterprise e-mail from ATRRS, a follow up welcome packet for CS Assessment and Selection, and a packing list. All information concerning travel and lodging will be included in the packet. Non selected volunteers will be notified the results of the board by e-mail to their AKO or enterprise e-mail address. Volunteering for the program does not automatically guarantee orders for Assessment and Selection, again seats are limited.

**DEPARTMENT OF THE ARMY**

Insert your Unit's letterhead here

Office Symbol Here DATE

MEMORANDUM FOR Commander U.S. Army John F Kennedy Special Warfare Center and School; Attn: CST, Ft Bragg, NC 28307-5000

SUBJECT: Cultural Support Volunteer Statement: Rank, Last, First, N, Last 4 SSN

1. I hereby volunteer for Cultural Support Assessment and Selection (CSAS), training course and deployment. CST Assessment and Selection (CSAS) report date is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_, the end date is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If selected for the CST program the training course is from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_\_\_\_\_.

2. If selected, I understand I will be attached to the United States Army Special Operations Command (USASOC) for up to 12 consecutive months for the purpose of conducting CST related activities IAW the needs of USASOC. This time period begins at the start of CSAS.

3. I understand that I will be placed in physically demanding situations to include demanding physical training, ruck marching, and dismounted tactical movements for extended periods of time during day and night operations. My mental and physical fitness must be prepared to endure and overcome challenges allowing me to be an effective operational SOF CST member operating abroad in austere environments.

4. I am aware that I may be declared unsuitable for further CS training from the A&S process. If not selected, I will be immediately returned to home station. (Applicant enter signature block and signature below)

 Jane Smith (Applicant’s name and signature)

 RANK, BRANCH

5. For the above listed Applicant I approve / do not approve of her release for participation in the CST program for a period of approximately 1 year. (First O5 in applicant’s Chain of Command must circle and initial approve / do not approve, print and sign below)

a. Rank, Last, First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Must be signed by first LTC/O5 IN SOLDIER'S CHAIN OF COMMAND)

**Cultural Support Program Checklist**

1. My unit has completed the pre-screening process and I meet all of the prerequisites. The initials below indicate the information is correct and support documents are provided.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Deployable IAW USR procedures covered in AR 220-1 | Yes/No: |  Yes | PAC Initials: | \_\_\_\_ |
| GT Score (minimum 100/Enlisted only) | Score: |  100 | PAC Initials: | \_\_\_\_ |
| ERB/ORB Updated and included with this memo | Yes/No: | Yes | PAC Initials: | \_\_\_\_ |
| NCOER/OER (Last three included with this memo. If you do not have this please attach 3 letters of recommendation from someone that outranks you.) | Yes/No: | Yes | PAC Initials: | \_\_\_\_ |
| APFT (minimum cumulative score of 240 points w/minimum of 80 in each event) DA FORM 705 (Dated no earlier than October 2013) | Score/Date: |  ### | TNG NCO: | \_\_\_\_ |
| Height/Weight Standards: AR 600-9 must be indicated on APFT CardDA 5501 (if applicable) | Yes/No: |  Yes | TNG NCO: | \_\_\_\_ |
| Ruck March: (6 miles, within 1 hour 39 minutes, carrying a load/ruck of 35 pounds not including water source dated no earlier than October 2013) | Yes/No/Time: |  Yes / 1:39 | TNG NCO: | \_\_\_\_ |
| 400 word essay, containing both my definition of CST and why I want to be a part of a CST. Formatting will consist of a 1 to 2 page document, font type Arial Narrow size 12, double spaced with 1 inch margins and my standard name line. |  | Attached | Applicant Initials: | \_\_\_\_ |
| SERE/ABN physical completed within one year of packet submission |  | Attached | ApplicantInitials: | \_\_\_\_ |
| Not flagged, under criminal investigation, or pending adverse action | Yes/No: |  No | 1SG Initials: | \_\_\_\_ |
| Minimum SECRET or interim SECRET clearance | Yes/No: |  Yes | S2 Initials: | \_\_\_\_ |
| My current enlistment contract will not expire less than six months following my anticipated redeployment date from a CST deployment.(ETS NET: OCT 15) | ETS Date: | NET OCT 15 | Retention: | \_\_\_\_  |
| Government Travel Card maintained by SM and active. Copy provided with GTC verification memo attached. | Yes/No: | Yes | 1SG Initials: | \_\_\_\_ |

2. I am in the Circle One: Army Reserve Active Duty National Guard AGR Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit, Post, and Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duty Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: AKO/Enterprise: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*DATAE REQUIRED BY THE PRIVACY ACT OF 1974\*\*\*\* AUTHORITY: Title 10 USV 3013; PRINCIPLE PURPOSE: To serve as applications for Military Information Support Operations training. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Voluntary; failure to disclose requested information will have a negative impact on individual’s application/applications for ARSOF training.