



USCG Auxiliary Interpreter Corps – Application

PLEASE PRINT

TO: David Patrick, DVC-IQ 55 Willow Drive St. Augustine, FL 32080	Phone: 904-471-4876 E-mail: davidpatrick81@gmail.com
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I am interested in volunteering my linguistic skills to Team Coast Guard and affirm that

A I fluently read, write and speak the following Language(s) in addition to English:

(1) _____ (2) _____ (3) _____

B I only speak and understand the following Language(s) in addition to English: _

(1) _____ (2) _____ (3) _____

C I am available on call 24-hours. I need _____ days advance notice. I can travel.

Member Number: _____ Flotilla _____

LAST NAME	FIRST NAME	MIDDLE INITIAL
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MAILING ADDRESS	CITY	STATE	ZIP
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Home: _____ Cell: _____ Work: _____

E-mail: _____ MAJOR CITY NEAR YOU: _____

Highest Appointed Office: _____ Highest Elected Office: _____

Auxiliary Qualifications: _____

Military Service: _____ Highest Education: _____

Other Qualification: _____

SIGNATURE

DATE