



COMMAND OPERATIONS ANNEX  
UNITED STATES NATIONAL DEFENSE FORCE SUPPORT COMMAND  
CIVIL MILITARY RESERVE CORPS, INC. ADMINISTRATIVE  
USNDFSCOM  
P.O. BOX 2506  
FRESNO, CALIFORNIA 93745

Applicant Qualification Statement  
For

**UNIT MEMBERSHIP & CIVILIAN AUXILIARY MEMBERSHIP**

**ARMY CIVIL AFFAIR BRANCH**

1. APPLICANT must be a U.S. citizen and at least (21) years of age. NOTE: There is neither maximum age nor Physical examination. NOTE: Unit Commanders may waive this restriction for 18, 19 and 20 years old applicants on a case by case basis. No more than 10% of the unit can be made up of these underage applicants.
2. APPLICANT must not have been convicted of any criminal and felony within the last (20) years and has not been under any form of civil restraint (Probation, Parrot or Suspended Sentence or Registration) during the last (20) years and doesn't not have any criminal and felony charges pending.
3. APPLCANT is not a member of the Active Duty Armed Forces or a member of a Reserve or National Guard Component, Recognized State Defense Force, State Guard, State Naval Militia, CIVIL AIR PATROL or COAST GUARD AUX.
4. NOTE: Only the Commanding General and Corporate President has the authority to enter into a Memorandums of Cooperation with other organizations that he considers appropriate membership under the command of the USNDFSCOM organization.

NOTE: The Department of Defense classifies MILITIAS into two separate categories as follows:  
CATEGORY -A: ORGANIZED MILITIAS: The U. S. ARMY & AIR FORCE NATIONAL GUARDS, any STATE DEFENSE FORCE, STATE GUARDS and STATE NAVAL MILITAS that have been recognized by individual STATE GOVENOR by OFFICAL PROCLAMATION:

CATEGORY - B: UNORGANIZED MILITIAS: Any and all organizations that utilized the military uniform and rank structure regardless of Corporate Status that has not been awarded An OFFICIAL RECOGNITION PROCLAMATION CERTIFYED by an individual STATE GOVENOR.



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5. APPLICANT is not an elected or appointed Political Official at the LOCAL, STATE or FEDERAL level who is compensated for his or her services. NOTE: Unit Commanders may waive this restriction on a case by case basis.
6. APPLICANT is not a member of any LAW ENFORCEMENT Agency, Department, Service or Force, NOTE: Unit Commanders may waive this restriction on a case by case basis.
7. APPLICANT is not a member of or associated with any Unorganized Militia Organization: SEE NOTATIOIN ABOVE, or any such organization designated by the U.S. ATTORNEY GENERAL pursuant to EXECUTIVE ORDER #10450 as being radical, totalitarian, terrorist, fascist, communist, racial, subversive nor militia that advocate change in our Democratic form of government by other than constitution process and by consent of the citizens.
8. APPLICANT understands that the USNDFSCOM was and is organized in support of NATIONAL SECURITY DECISION DIRECTIVE NUMBER 259 and PRESIDENTIAL DECISION DIRECTIVE NUMBER 39 and 30 UNDER UNITED STATES CODE in a most honorable effort to aid in the support of the Department of Homeland Security, The Department of Defense CIVIL SUPPORT DOCTRINE and Civil Affairs program that help make individuals and communities safer from disaster and acts of terrorism through education and training at local levels.
9. APPLICANT understands that the members of the USNDFSCOM do not bear arms while representing the organization except under proper Civil or Military Authority and that CIVILIAN AUXILIARY members do not wear the Army-Type uniform authorized to be worn by selected regular pursuant to ARMY REGULATION NUMBER 670 and that each uniformed member must comply with the Conduct and Appearance Standards of the U.S. Army and the USNDFSCOM organization.
10. APPLICANT fully agrees with the MISSION STATEMENT of the USNDFSCOM.
11. APPLICANT understands that his or her association with this NON-PROFIT BENEFIT organization is strictly VOLUNTARY and UNPAID but is bound to represent the ARMY CIVIL AFFAIRS Branch and to perpetuate the honorable traditions, honors and ceremonies of the UNITED STATES ARMY and that ANY member, at ANYTIME may transfer to another unit, the Civilian Auxiliary Program or Resign. That neither the USNDFSCOM Organization nor any Officer has the Authority to subject any member or prospective member to any form of Background Investigation or Report. If during



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membership, it is discovered that any member has given false information on his or her application or that the member is in violation of the Qualification Statement, that member will be discharge for Just Cause and required to turn in his or her Identification Card to the Unit Command or Director of the USNDFSCOM CIVILIAN AUXILIARY program.

12. APPLICANT fully understands that the USNDFSCOM shall not be responsible or liable for personal or injury or damage to his or her person or property.
13. APPLICANT fully understands that the USNDFSCOM is quasi-military and is governed by a Corporate Board and administered by a General Officer who is assisted by a General Staff and overseen by an Official Military Committee.
14. APPLICANT fully understands that the COMMISSIONS and APPOINTMENTS issued by the USNDFSCOM are legal Documents and Provisional like those of the CAP and USCGAUX and that he or she must not infer that they are a member of the U.S. ARMY or any branch of the Armed Force and that the USNDFSCOM is a member organization of the OFFICIAL PROVISIONAL TEMPORARY RESERVE program that is a member of the U.S National Defense Force Support Command.
15. APPLICANT fully understands that entry military grade is controlled by his or her age at time of application and by prior military service as follows based on a Grade Determination and Recommendation by a Unit Commander based on Applicant's age Education, Military and/or Civil Training as it relates to the mission and prior military services and may differ from the schedule below.
  - a. All Non-Prior Military Services applicants shall enter as WARRANT OFFICER WO01 or Enlisted Grade E-4 to E-7
  - b. All military service veterans age (21-25) shall enter as WARRANT OFFICER WO-01 or Same as above
  - c. All military service veterans age (26-30) shall enter as CHIEF WARRANT OFFICER CWO-2 or same as above
  - d. All military service veterans 31 years of age and older shall enter as CHIEF WARRANT OFFICER CWO-3 or same as above
  - e. All retired enlisted military service veterans shall enter as CHIEF WARRANT OFFICER CWO-4 or based on commander's evaluation



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- f. All retired officers of the military service shall enter at their retired grade unless selected for a higher Command or Staff position.
  - g. Any Applicant may request to enter as an Enlisted person in one of the grades of Specialist (E-4) through Master Sergeant (E-8), based on his or her prior military service, age and education.
16. APPLICANT understands that he or she may apply for an official USNDFSCOM Identification Card and may freely associate with any organized unit of the USNDFSCOM in his or her area. That he or she may involve themselves in the organization of a unit in their local area by contacting the ADJUTANT GENERAL of the USNDFSCOM and that expiration of ID card causes loss of membership and any position held with the USNDFSCOM. Identification card is issued every two (2) years.
17. APPLICANT understands that an Administrative Fee of \$50 is required to be attached to his or her application for membership and that the Check or Money order is to be made out to: USNDFSCOM and mailed to the address on the application accompanied by documentation of education, training and /or military service.
18. APPLICANT fully understands that only the Corporate Board is legally empowered to obligate funds, equipment or services in the name of this non-profit organization and may grant authorization to commanders of USNDFSCOM units to generate funds to support the unit and/or to support Disaster Relief, humanitarian activities and to support the Civil Affairs mission in their local area.
19. APPLICANT fully understands there is no physical examination or maximum age restriction and that any applicant meeting the Qualification Requirements has a right to serve as a PROVISIONAL TEMPORARY RESERVE with the USNDFSCOM. Applicant fully understands that if he or she exhibits any form of Prejudice or Discrimination against any member of the USNDFSCOM organization, that he or she will be discharged from the organization and will be permanently barred from future membership. Applicant fully understands that if he or she becomes a victim of the above by any member or officer, that person will be dealt with. Discrimination in any form against any member by another member will not be tolerated. NOTE: if ANY prospective member or member is subjected to any form of verbal or physical abuse or discrimination by ANY member of this organization regardless of his or her rank and position, it is to be reported to the Inspector



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General in the form of a notarized statement. No member of this command regardless of rank or position has the authority or permission to conduct or have conducted any type of Background Investigation on behalf of this command. If ANY prospective member or member is subjected to this treatment or is told that he or she will be dismissed from the USNDFSCOM for Just Cause.

20. APPLICANT fully understands that if it is discovered that he or she entered false information on their application, that they will be dismissed and barred from future membership and will not be refund any fees they have paid and will be required to turn in their identification card to the Adjutant General by mail.
21. APPLICANT voluntarily subscribed and supports the mission and objectives of the USNDFSCOM and agrees to be guided by the Senior Command and Staff officers and such rules, policies and regulations as may be promulgated to ensure that accomplishment of the purpose and mission of this organization is accomplished and that the well-respected reputation earned by the USNDFSCOM over 18 years is maintained.
22. APPLICANT has searched his or her conscience as to whether he or she has a moral obligation or Christian obligation to involve themselves in a program of unified efforts with a long-established organization that is well known and respected for its involvement in Public Benefit programs to help make circumstances safer and more secure against natural and manmade disaster and acts of terrorism for our citizens starting at the local levels.
23. CIVILIAN AUXILIARY – and applicant meeting the above qualifications who does not wish to be appointed to a military rank may request assignment as a CA in a unit.
24. All Unit Commanders are responsible for the application process for their units, the unit Commander collects the applications and Admin Fees and mails them directly to the address on the top of this document.
25. Division Commanders are responsible for recruitment in there are or State. No Division or Unit Commander can recruit people outside his Division in a State Where a Division is located. If a applicant meets the qualifications, then he or she may join the USNDFSCOM organization. Applicants do not have to be veterans of military service. To hold a command position, a member must have had military service of some kind whether with the U.S. Forces or an organization like the USNDFSCOM.



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26. Application Fee includes

- Application
- Patches
- Identification Card
- Rank

**The FEE is dependent on your Rank after the first enrollment.** Please make a check payable to: USNDFSCOM.

27. Mail your application with the requirement documents to the address at the top of this document.  
Application Information

**USNDFSCOM**  
**P. O. Box 2506**  
**Fresno, CA 93745**

End of Qualification Statement





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Civil Military Support Reserve – Army Support Branch

**APPLICATION FORM**  
**UNIT MEMBERSHIP**

**DIRECTIONS:**

1. Make sure that you have read the QUALIFICATION STATEMENT and have met the qualifications and agree.
2. Print out this form
3. A Passport Picture ID
4. Fill out the form clearly and sign at the bottom where indicated
5. Mail this form along with the required ADMINISTRATIVE FEE for processing in the form of a MONEY-ORDER for \$50.00 made out to USNDFSCOM mail to the address below:

**USNDFSCOM**  
**P. O. Box 2506**  
**Fresno, CA 93745**

Last Name:		First Name:		MI Name:	
Sex:	DOB:	Age:	Hair:	Eyes:	Height:
Blood Type:			Weight:		
Street Address:					
City:		State:		Zip Code:	
Home Phone: ( )			Work Phone: ( )		
Cell Phone: ( )			Fax Number: ( )		
Email Address:					
High School Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No or G. E. D.: <input type="checkbox"/> Yes <input type="checkbox"/> No (attach diploma if not college graduate)					
Education-Circle Highest Year Completed: 12 13 14 15 16 17 18 19 20					Degree:
(attach diploma or transcripts if college)					
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other					



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Please make a copy of any items, if applies, listed below along with your application for consideration of your rank.

Any degree or certification such as:

1. Diploma or GED
2. Associate degree
3. Bachelor
4. Master
5. Doctorate
6. Vocational Certification
7. Award(s)
8. Other: \_\_\_\_\_

If a part of any organizations, please provide:

1. Training Certification
2. Other: \_\_\_\_\_





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USNDFSCOM Form 1	
Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>MILITARY SERVICE RECORD:</b> If you are a veteran of, but not a member of Active Duty Armed Forces, Reserve, National Guard or Public Health Service, NOAA, Civil Air Patrol, Coast Guard Aux. or Recognized State Defense Forces or State Guard, please fill out the following and attach a DD-214 or other related document to this application that will support your documents:	
Branch of Service:	Rank:
Years of Service:	Date of Service:                      To:
Type of Service: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard <input type="checkbox"/> Public Health Service	
For Every Two Years Renewals: DOCUMENT CONTROL NUMBER or GENERAL ORDER ON COMMISSION	

The appropriate level of command staff will determine your rank and membership assignment.

NOTE: If you do not have a college degree or served in the military as an enlisted person or non-commissioned officer, you will need to check the item below, you have the option of entering as one of the grades starting with E-5,    I wish to enter as an Enlisted Person only.

NOTE: Applicant certifies that he/she is NOT a member of or associated with any of the organizations classified by Department of Defense as an UNORGANIZED MILITIA, see Qualification Statement.

**OATH OF APPLICATION:**

I, \_\_\_\_\_, DO SOLEMNLY SWEAR OR AFFIRM THAT THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT AND I FULLY UNDERSTAND THAT MEMBERSHIP IN THE USNDFSCOM IS A PRIVILEGE, NOT A RIGHT. FURTHERMORE, I UNDERSTAND THAT YOU MUST BE EITHER A NATURAL BORN OR A NATURALIZED U.S. CITIZEN TO BE PART OF THIS ORGANIZATION. ALSO, I AM NOT A MEMBERS OF AN ORGANIZATION ACCORDING TO THE UNITED STATES SECRETARY OF DEFENSE THAT IS A COMMUNIST OR AN ORGANIZATION WHOSE MISSION IS SUBVERVISE IN NATURE OR WHOSE GOAL IS TO OVERTHROW THE UNITED STATES GOVERNMENT OR ANY DEMOCRAICALLY ELECTED GOVERNMENT. IF IT IS DISCOVERED AFTER I JOIN THAT I AM A MEMBER AND DIDN'T PUT THIS ON MY APPLICATION, I WILL BE



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CONSIDERED TO BE INELIGIBLE TO BE A MEMBER OF THIS ORGANIZATION AND WILL BE REQUIRED TO RESIGN WHEN THIS IS DISCOVERED AND DISCHARGED ADMINISTRATIVELY IN ACCORDANCE WITH THE UNIFORM CODE OF MILITARY JUSTICE WHICH AUTHORITY WAS STATED ON MY CERTIFICATE OF RANK. I UNDERSTAND THAT BY ACCEPTING THIS APPOINTMENT I AM OBLIGATED TO STAY IN THE USNDFSCOM FOR A MINIMUM OF ONE YEAR. IF I LEAVE OR RESIGN FROM THE USNDFSCOM, MY APPOINTMENT, RANK AND POSITION IS REVOKED AND I AM INELIGIBLE TO EVER RETURN TO THE USNDFSCOM.

I UNDERSTAND THAT THE MEMBERSHIP IS ACTIVE FOR **FOUR YEARS** BASIS SUBJECT TO MY ANNUAL RENEWAL FEE AND RENEWAL BY USNDFSCOM. I FURTHER UNDERSTAND THAT FAILURE TO MEET MEMBERSHIP ELIGIBILITY CRITERIA WILL RESULT IN AUTOMATIC MEMBERSHIP TERMINATION AT ANY TIME.

I UNDERSTAND THAT THE USNDFSCOM IS NOT IN ANY WAY A MILITIA NOR ASSOCIATED WITH ANY SUCH ORGANIZATION AND THAT I FULLY SUPPORT THE PUBLIC BENEFIT PROGRAMS OF THE USNDFSCOM AND THAT I HAVE READ AND FULLY UNDERSTAND THE QUALIFICATION STATEMENT AND HAVE MET THE QUALIFICATIONS FOR MEMBERSHIP WITHIN AN ORGANIZED UNIT THE USNDFSCOM.

I UNDERSTAND THAT ONLY CORPORATE ARE AUTHORIZED TO OBLIGATE FUNDS, EQUIPMENT OR SERVICES.

I UNDERSTAND THAT USNDFSCOM IS NOT LIABLE FOR LOSS OR DAMAGE TO MY PERSONAL PROPERTY WHEN OPERATED FOR OR BY USNDFSCOM.

I VOLUNTARILY SUBSCRIBE TO THE OBJECTIVES AND PURPOSE OF THE USNDFSCOM AND AGREE TO BE GUIDED BY THE USNDFSCOM RULES AND REGULATIONS AS FROM TIME TO TIME MAY BE AMENDED OR PROMULGATED.

I AGREE TO ABIDE BY THE DIRECTIVES, DECISIONS AND ORDERS OF THE APPOINTED OFFICERS IN AUTHORITY OF THE USNDFSCOM, ITS BRANCHES AND THAT IF MY CIRCUMSTANCES CHANGE TO THE POINT OF CAUSING ME TO BE IN VIOLATION OF THE MEMBERSHIP QUALIFICATIONS THAT I WILL RESIGN, BY MY SIGNATURE. I ALSO AGREE THAT IF I AM IN THE MALE AGE GROUP 18-25 THAT I REQUIRED TO REGISTER WITH THE SELECTIVE SERVICE FOR THE DRAFT. FURTHERMORE, I WILL BE REQUIRED TO PRESENT PROOF TO THE DIVISION THAT I HAVE REGISTERED WITH THE SELECTIVE SERVICE TO BECOME A MEMBER OF THE



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USNDFSCOM, AND THAT A FAILURE TO DO WILL RESULT IN BEING REFUSED MEMBERSHIP IN THE USNDFSCOM ORGANIZATION WITHOUT REDRESS.

I UNDERSTAND THAT THIS OATH OF APPLICATION IS A PART OF THIS APPLICATION FOR MEMBERSHIP IN THE USNDFSCOM AND THAT MY SIGNATURE ON THE FORM CONSTITUTES EVIDENCE OF THAT UNDERSTANDING.

I UNDERSTAND THAT IF I AM JOINING THIS ORGANIZATION, PREVIOUSLY BELONGING TO ANOTHER ORGANIZATION, TO BEING PROMOTED TO A HIGHER RANK, OR GETTING A BETTER COMMAND POSITION, THAT THIS WILL RESULT IN MY IMMEDIATE REMOVAL FROM MY RANK AND POSITION IN THE USNDFSCOM BY HONORABLE DISCHARGE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**USNDFSCOM FORM 1**

If the application has any document's he/she wishes to be submitted for consideration, it should be attached to this completed application.

Headquarters Use Only	
Recruiter of Record Name:	Rank:
Unit:	
Commanders Remarks:	
Assignment Area:	Appointed Rank:

Commander's Recommendation: \_\_\_\_\_  
Signature of Commander Date

Instructions on how to fill this form out are in USNDFSCOM Regulation 600-25