

PRIVACY ADVISORY STATEMENT

NEW YORK NAVAL MILITIA

Accession, Program and Separation Personal Information

AUTHORITY FOR COLLECTION OF PERSONAL INFORMATION: Personal Privacy Protection Law of New York State; Privacy Act of 1974, 5 U.S. Code, sections 552-522a.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: The requested information is mandatory for New York Naval Militia (NYNM) members to insure that: (1) persons applying to join the New York Naval Militia and/or its specific programs meet all eligibility requirements; (2) required pay and tax information is available for purposes of any orders to state active duty; or (3) eligibility for separation from the New York Naval Militia, if applicable. If the requested information is not furnished, the NYNM member will not be considered for accession, or assignment for routine or emergency state active duty. If a NYNM member currently serving on routine or emergency state active duty declines to provide the requested information, the NYNM member's assignment to routine or emergency state active duty may be terminated.

ROUTINE USES: This all inclusive Privacy Act Statement will apply to all requests for personal information made by the New York Naval Militia. It will become part of your New York Naval Militia service record. The intended use is to maintain a rapid recall capability, and to facilitate and document your eligibility for various New York Naval Militia programs.

PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED: The primary use of this information is to identify NYNM members who are eligible to serve in the New York Naval Militia and its specific programs. This form provides you the advice required by the New York State Personal Privacy Act and the federal Privacy Act of 1974.

THIS FORM IS NOT A CONSENT FORM TO RELEASE PERSONAL INFORMATION PERTAINING TO YOU TO AGENCIES AND ENTITIES OUTSIDE OF THE NEW YORK STATE DIVISION OF MILITARY AND NAVAL AFFAIRS AND THE JOINT FORCES OF THE NEW YORK STATE ORGANIZED MILITIA.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

Signature

Date

Printed name and grade/rank



NOTICE

Acknowledgement

Persons enlisting into the New York Naval Militia acknowledge the following:

- a. New York Naval Militia members are subject to recall to State Active Duty by the Governor of the State of New York.
- b. The New York Naval Militia is a state military agency under the Division of Military and Naval Affairs. It is not part of the United States Department of Defense or Department of Homeland Security.
- c. Persons 68 years of age and older are not eligible for membership in the New York Naval Militia.
- d. The applicant consents to a background check which may include investigation of my employment history, educational background, criminal history, military records, credit history and department of motor vehicle records.

Conditions for Enlistment

The age, citizenship and residency, educational, military service and other requirements are found in NYNM FORM 1121. Review that document thoroughly and provide all supporting documentation when submitting this application.

Federal Component Alignment

Members of the New York Naval Militia wear the uniform and hold the rank of their respective federal military component.

I am retired, a military veteran, or a drilling reservist from the following federal military component:

Check One: **U.S. Navy** **U.S. Marine Corps** **U.S. Coast Guard** **Non-prior military (separate justification required)**

1. APPLICANT INFORMATION

1a. Last Name		1b. First Name		1c. MI	1d. Date of Birth	1e. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
1f. Home Address (mailing address)		1g. City	1h. County	1i. State	1j. Zip Code + 4	1k. Full SSN
1l. Cell Phone ()		1m. Home Phone ()		1n. Work Phone ()		
1o. Primary Email Address @			1p. Secondary Email Address @			
1q. Next of Kin (NOK) Name and Relationship		1r. Next of Kin (NOK) Address		1s. Next of Kin (NOK) Phone		
1t. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married/Civil Union <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					1u. Number of Dependent Exemptions Claimed:	

2. MILITARY PERSONAL INFORMATION I am: Retired Military Drilling Reservist Military Veteran (Discharged) Non-prior Military

2a. Designator/MOS	2b. Rate/Paygrade	2c. Date of Rank	2d. Federal Pay Entry Base Date
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3. FEDERAL RESERVE PROGRAM (USNR, USMCR, USCGR) INFORMATION (If applicable)

3a. Reserve Center Name	3b. Reserve Unit Name	3c. Normal Drill Location
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4. CIVILIAN EMPLOYMENT INFORMATION

4a. Employer Name	4b. Employer Address	4c. Occupation/Job Title
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5. REFERRAL INFORMATION

5a. Recruited or Referred By

Prior to acceptance, a Certificate of Enlistment (NYNMF0RM 100B) must be signed by a certifying officer at New York Naval Militia Headquarters. In order for the application to be complete, documentation of prior service must accompany it. For active Reservists of the U.S. Navy, Marine Corps, or Coast Guard, a current Leave and Earnings Statement (LES) will suffice. For veterans and retirees, a copy of all DD Form 214 must be submitted.

All new applicants and members re-enlisting must complete the "Oath of Enlistment" section of the attached NYNM Form 100B.



Oath of Enlistment

STATE OF NEW YORK; COUNTY OF _____

I, _____
(First Name) (Middle Name) (Last Name)

A citizen of the United States, do hereby acknowledge to have voluntarily enlisted this _____ day of _____, 20____, as a member of the New York Naval Militia under the conditions prescribed by law, unless sooner discharged by proper authority, and I do also agree to accept from the State of New York such benefits as are or may be established by law, and I do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America and the State of New York; that I will serve them honestly and faithfully; and that I will obey the orders of the Governor of the State of New York and the orders of the Officers appointed over me, according to Law. I understand that this enlistment will expire coincident with my federal reserve enlistment date or four years from date of acceptance, whichever is sooner.

(Signature of applicant)

HOR: _____

(Date of federal reserve enlistment expiration)

Email: _____

Phone Number(s): _____

Unit name/location: _____

Certificate of Enlistment

(To be completed by New York Naval Militia Headquarters)

I certify that the above individual was enlisted and enrolled in the service of the State of New York on this _____ day of _____, 20____. This enlistment expires on _____, 20____.

(Signature of Certifying Officer)

(Name of Officer)

(Rank)