



STATE OF NEW YORK
 DIVISION OF MILITARY AND NAVAL AFFAIRS
NEW YORK NAVAL MILITIA
 330 OLD NISKAYUNA ROAD, LATHAM, NEW YORK 12110

Current Drilling Reservist - Officer

Application Instructions

Before you are able to partake in any benefits available to New York Naval Militia members (including tuition assistance) or provide aid for your local community, the Naval Militia Headquarters (in Latham, NY) will need to receive & accept your complete application packet. Once received and input, you will receive a welcome letter via email informing you that you have been accepted as a member. Please be vigilant about checking your email for important messages from NYNM HQ.

To submit this form electronically, save as: NYNM Form 101C LastName, FirstName DateSubmitted PRIOR TO FILLING IT OUT. Once downloaded and saved, you MUST select "Enable All Features" at the top of the page. **EXAMPLE:** Joe Snuffy wants to submit his form on 1NOV18, he would save this form as: **NYNM Form 101C Snuffy, Joe 1NOV18** and enable all features before filling anything out. Once you have finished filling out the form, then hit the SUBMIT button on the bottom left corner of the last page and attach all additional documents to the email before sending.

For an Officer that is a current drilling reservist – Unless stated otherwise, a complete application packet will consist of the following: (Forms marked with * are attached below)

- | | |
|--|--|
| <input type="checkbox"/> *Privacy advisory statements
(from all applicable forms) | <input type="checkbox"/> Copy of most recent LES
(found on MyPay) |
| <input type="checkbox"/> *NYNM Form 101A
(Officer Application) | <input type="checkbox"/> Copy of driver's license |
| <input type="checkbox"/> *NYNM Form 101B | <input type="checkbox"/> DD-214
(As a current member of the reserves, your DD-214 is requested, but not required) |
| <input type="checkbox"/> *NYNM Form 1070C | |

If you are Enlisted and/or prior service/retired service member, please visit our website and obtain the proper application packet for an Enlisted or non-drilling member.

Note: The form numbers can be found on the top right corner of each form. All blocks must be filled in on all forms; **applications with blanks will not be accepted or processed**. If something does not apply, fill in "N/A". Please send all requirements at one time, DO NOT send incomplete packets as they cannot be processed.

Applications can be sent electronically via email to: NG.NY.NYARNG.MBX.NYNavalMilitia@Mail.Mil, via fax to (518) 786-4427, or via post to: New York Naval Militia Headquarters 330 Old Niskayuna Rd Latham, NY 12110. If sending electronically, please send in PDF (preferred) or JPEG format. Do not send through websites such as Google drive as they will be blocked and the documents will be inaccessible.

If you have any additional questions on applying for the Naval Militia, please visit our website at: <http://dmna.ny.gov/nynm/> or contact the Naval Militia headquarters at (518) 786-4583. Thank you again for your interest in the Naval Militia, we look forward to working with you!

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 receiving a commission in 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 Commission

- | | |
|--|--|
| 1. Resident of New York State; and | 5. Retired from either the United States Navy, Marine Corps, Coast Guard active or reserve forces; or |
| 2. Citizen of the United States; and | 6. Maintain a special skill or aptitude that benefits the New York State Military Forces. Separate justification required. |
| 3. Hold a federal service commission; and | |
| 4. Either a drilling reservist in the United States Navy, Marine Corps, or Coast Guard; or | |

Federal Component Alignment

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

All questions must be filled in, do not leave blanks. If something does not apply, please fill in "N/A". Applications will not be accepted with unanswered questions.

I AM RETIRED, A MILITARY VETERAN, OR A DRILLING RESERVIST FROM THE FOLLOWING FEDERAL MILITARY COMPONENT:

Select One: U.S. Coast Guard U.S. Marine Corps U.S. Navy

1. APPLICANT INFORMATION

1a. Complete SSN:		1b. Last Name:		1c. First Name:		1d. MI:	1e. Date of Birth (DD/MM/YYYY):	
1f. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	1g. Mailing Address:			1h. City:	1i. County:		1j. State:	1k. Zip Code:
1l. Physical Address (IF DIFFERENT FROM MAILING ADDRESS):				1m. City:	1n. County:	1o. State:	1p. Zip Code:	1q. Number of Dependents:
1r. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married/Civil Union				1s. Mobile Phone Number:		1t. Alternate Phone:		
1u. Mobile Phone Carrier:				1v. Primary Email Address:			1w. We may send alerts about missions or important NYNM information via text message, do you agree to receive text messages from NYNM? (Standard messaging & data rates may apply) <input type="checkbox"/> YES <input type="checkbox"/> NO	
1x. Secondary Email Address:				1y. Next of Kin (NOK)/Emergency Contact Name:				
1z. Relationship to NOK/Emergency Contact:				1aa. NOK/Emergency Contact Phone Number:				

2. MILITARY PERSONAL INFORMATION

Current Status: (Select One) Drilling Reservist Military Veteran (Discharged) Retired Military

2a. Designator/MOS:	2b. Rate/Paygrade:	2c. Date of Rank (DD/MM/YYYY):	2d. Federal Pay Entry Base Date (DD/MM/YYYY):
---------------------	--------------------	--------------------------------	---

3. FEDERAL RESERVE PROGRAM (USNR, USMCR, USCGR) INFORMATION (If applicable)

3a. Reserve Center Name:	3b. Reserve Unit Name:	3c. UIC:	3d. Normal Drill Location:
--------------------------	------------------------	----------	----------------------------

4. CIVILIAN EMPLOYMENT INFORMATION

4a. Employer Name:	4b. Employer Address:	4c. Occupation/Job Title:
--------------------	-----------------------	---------------------------

5. CRIMINAL HISTORY (INCLUDING DUI, DWAI, BUI)

5.a. Offense, Date, Location (MUST LIST ALL CRIMINAL HISTORY OR SELECT N/A IF NONE):

N/A

6. REFERRAL INFORMATION

6a. Recruited or Referred By:



Oath of Commissioning

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 accepted a commission on 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 make this obligation freely, without any mental reservations or purpose of evasion, and that I will well and faithfully discharge the duties of an Officer in the New York Naval Militia of the State of New York on which I am about to enter, so help me God

 (Signature of applicant)

 Home of Record (HOR)

 (Date of federal reserve enlistment expiration)

 Email Address(s)

 Phone Number(s)

 Unit Name/UIC/Location

To be completed by New York Naval Militia Headquarters

Certificate of Commission

I certify that the above individual was commissioned with the grade of _____ and enrolled in the service of the State of New York on this _____ day of _____, 20____. This commission will remain in effect in accordance with the provisions of New York State Military Law.

 (Signature of Certifying Officer or Official)

 (Name of Officer or Official)

 (Rank/Position)

PRIVACY ADVISORY STATEMENT

NEW YORK NAVAL MILITIA (NYNM) CIVILIAN-MILITARY SKILLS QUESTIONNAIRE

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 to insure that: (1) the civilian-military education and skills of NYNM personnel are matched to personnel and skill-set needs arising during routine and emergency NYNM operations; (2) NYNM can be quickly contacted at home or at work during an emergency; and, (3) requirements for personal information can be met expeditiously when processing NYNM state active duty payroll, if applicable, and related taxation. If the requested information is not furnished, the NYNM member will not be considered for 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 Statement will apply to all requests for personal information made by the New York Naval Militia in order to maintain a rapid recall capability, to match civilian-military skill sets to operational needs, and to process NYNM state active duty payroll, if applicable, and any related taxation.

PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED: The primary use of this information is to identify NYNM members with specific civilian-military education and skills and to match them to personnel needs arising during routine and emergency state active duty. The information provided will also be used to contact and pay, if applicable, the NYNM member if assigned to state active duty. This form provides you the advice required by the New York State Personal Privacy Protection 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

PERSONAL IDENTIFIER INFORMATION:

Name: (Last, First, M.I.)		Grade:		Rank/Rate:	
DOB: (DD/MMM/YYYY)		Grade:		Rank/Rate:	
Component:		<input type="checkbox"/> USCGR	<input type="checkbox"/> USMCR	<input type="checkbox"/> USNR	<input type="checkbox"/> Non-Drill Group
UIC:	Duty Station:				
Status:		<input type="checkbox"/> Drilling Reservist		<input type="checkbox"/> Retired Military (receiving military retirement pay)	
		<input type="checkbox"/> Retired Reservist (eligible for pay at age 60)		<input type="checkbox"/> Other: (amplify)	
Length in Service: (Total number of years & months in service)		Notes:			
Duty Availability:		<input type="checkbox"/> Within 24 hours	<input type="checkbox"/> Within 48 hours	<input type="checkbox"/> Within 7 days	<input type="checkbox"/> After 7 days
Duty Duration:		<input type="checkbox"/> Less than 1 week	<input type="checkbox"/> 1-2 weeks	<input type="checkbox"/> 2-4 weeks	<input type="checkbox"/> More than 4 weeks
Marital Status:		<input type="checkbox"/> Single <input type="checkbox"/> Married/Civil Union		Dependent Exemptions Claimed:	

CIVILIAN EDUCATION:

HIGH SCHOOL, COLLEGE and/or PROFESSIONAL SCHOOL (Name and Location)	ATTENDED		DEGREE		MAJOR/MINOR/ FIELD OF STUDY
	FROM	TO	TITLE	DATE	

CIVILIAN OCCUPATION:

Employer :	<input type="checkbox"/> Student
Address:	
City:	Zip:
Phone:	Contact Name:

CIVILIAN QUALIFICATIONS:

Personal Qualifications or Certifications: (Check all that apply)	<input type="checkbox"/> MD	<input type="checkbox"/> EMT/Paramedic	<input type="checkbox"/> Chaplain / Clergy	<input type="checkbox"/> Ferry Pilot
	<input type="checkbox"/> DDS	<input type="checkbox"/> Firefighter	<i>Faith:</i> _____	<input type="checkbox"/> Boat Coxswain
	<input type="checkbox"/> DO	<input type="checkbox"/> Police Officer	<input type="checkbox"/> CDL _____	<input type="checkbox"/> Other (amplify):
	<input type="checkbox"/> PA	<input type="checkbox"/> CISM	<input type="checkbox"/> Welder MIG/TIG	
	<input type="checkbox"/> NP	<input type="checkbox"/> Translator	<input type="checkbox"/> Diesel Mechanic	
	<input type="checkbox"/> RN / LPN	<input type="checkbox"/> Attorney	<input type="checkbox"/> Engine Mechanic	

MILITARY QUALIFICATIONS:

List all current military qualifications held:
(MOS, NOBC, NEC, Designator, etc.)

Code	Title

Military qualifications (Continued):

Code	Title

FOREIGN LANGUAGE FLUENCY:

FOREIGN LANGUAGE	LANGUAGE PROFICIENCY SOURCE CODE RATING				FOREIGN LANGUAGE (CONTINUED)	LANGUAGE PROFICIENCY SOURCE CODE RATING			
	SPEAK	WRITE	READ	LISTEN		SPEAK	WRITE	READ	LISTEN

LANGUAGE PROFICIENCY SOURCE CODE & DESCRIPTION

A	CIVILIAN SCHOOL COURSE	D	HOME ENVIRONMENT
B	DEFENSE LANGUAGE INSTITUTE (DLI)	E	MILITARY SCHOOL (OTHER THAN DLI)
C	FOREIGN RESIDENCE	F	SELF STUDY

DRIVER LICENSE INFORMATION:

ID#:	STATE:	CLASS:	EXPIRES:
-------------	---------------	---------------	-----------------

OTHER RELEVANT INFORMATION:

Signature:

Date: (DD/MMM/YYYY)

1. This form will assist the New York Naval Militia to determine the various skills sets possessed by members of the force. This form asks for comprehensive information on both civilian and military-acquired skills that may prove beneficial to the Naval Militia.
2. Members are to complete this form and return to New York Naval Militia headquarters. Enclose copies of certifications, qualifications, diplomas, to support the information provided.
3. Information provided by this form will be maintained in the New York Naval Militia database, and in the member's service record at headquarters.