



DEPARTMENT OF THE ARMY
HQS, 3D U.S. INFANTRY REGIMENT (THE OLD GUARD)
201 JACKSON AVENUE
JOINT BASE MYER-HENDERSON HALL, VA 22211

REPLY TO
ATTENTION OF

ANOG-REC

MEMORANDUM FOR: Prospective Applicant

Thank you for your interest in The Old Guard, “The Official Escort to the President”. The following packet includes all of the information necessary to be considered for selection and assignment to The Old Guard. The following criteria must be met for consideration:

Height:

Males: 5-10’ (70 inches) and above

Females: 5-8’ (68 inches) and above

Minimum GT Score of 110 (Waivable based on Whole-Soldier Concept)

No Civil Convictions or UCMJ within recent past

No Drug or Alcohol related incidents

Minimum PT Score of 230 (Recommend 270 or above for NCOs)

Must meet all Army height and weight standards and look like a Professional Soldier

No movement restrictive profiles or shaving profiles

Must be a US Citizen

Must be Active Duty, Regular Army

Deployed within the last 36 months

Must have a stable financial background

***Exceptions are made for EXCEPTIONAL SOLDIERS.**

Please email or mail a complete packet. Email is preferred.

Packets that are missing any of the REQUIRED information will be discarded. A complete packet will possess the following:



Drill Team Experience



1. Have you been a member of a JROTC Drill Team?

YES NO

If yes:

i) Dates: _____

ii) Name of School: _____

iii) Positions Held: _____

iv) Name of Supervisor: _____

v) Phone Number of Supervisor: _____

vi) E-mail address of Supervisor: _____

vii) Accomplishments / Awards: _____

2. Have you been a member of a Civilian Drill Team (not JROTC)?

YES NO

If yes:

i) Dates: _____

ii) Name of Team / Organization: _____

iii) Positions Held: _____

iv) Name of Supervisor: _____

v) Phone Number of Supervisor: _____

vi) E-mail address of Supervisor: _____

vii) Accomplishments / Awards: _____

PACKET CHECKLIST

____ DA Photo (Digital Photo in the APFT Uniform if deployed.)

____ ERB

____ Two Letters of Recommendation (E-4 and below only)

____ Last three NCOER's (CSM/LTC Letters of Recommendation if less than 2 Years of NCOERs exist).

____ Height and Weight Statement filled out by a PA
(DA Form 5500)

____ APFT Scorecard (DA Form 705) signed by 1SG/Commander

____ Completed questionnaire and signed Volunteer Statement

____ Completed DA Form 4187 signed by COL or higher
(when in a FENCED unit)

If you have any questions regarding the application or application process feel free to call The Old Guard Recruiting Office at COMM (703) 696-3149/3150 or DSN 426-3149/3150.

Jason S. Sauder
SFC, USA
Recruiting NCOIC

PERSONAL DATA SHEET
DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 5 United States Code, Section 301

PRINCIPAL PURPOSE: To evaluate applicants potential for assignment to the Third United States Infantry Regiment (The Old Guard).

ROUTINE USES: To aid The Old Guard Commander or his representative in determining if applicant is qualified for assignment under the provisions of AR 614-200.

DISCLOSURE: Providing information is voluntary. Failure to provide all or part of the requested information may prevent a decision as to the applicant's eligibility.

Name: _____ SSN: _____ - _____ - _____

Unit Mailing Address: _____

Email (AKO) _____ (Personal) _____

Phone(W): (_____) _____ MOS: _____ Rank: _____

BASD: _____ ETS: _____ Race _____

Height: _____ Weight: _____ Last PT Score: _____ GT Score: _____

SIZES

Waist: _____ Blouse: _____ Hat: _____ Shoe: _____

Glove _____

Marital Status: _____ Number of Dependents: _____ MACP: _____

UCMJ _____

LAST NAME

FIRST

MI

SSN

RANK

Please answer all questions and explain if necessary.

1. Are you a Citizen of the United States of America?
 YES NO Explain: _____
2. Do you hold a Citizenship from another country?
 YES NO Explain: _____
3. Is your Spouse a Citizen of another country?
 YES NO Explain: _____
4. Have you ever had any Military Disciplinary actions taken against you? (Court Martial, Article 15, Derogatory Counseling Statement)
 YES NO Explain: _____
5. Have you ever had any Alcohol or Drug related incidents?
 YES NO Explain: _____
6. Have you ever experimented or used Drugs?
 YES NO Explain: _____
7. Have you ever received Counseling for Alcohol or Drug addiction or abuse?
 YES NO Explain: _____
8. Have you ever had a lien placed against your property?
 YES NO Explain: _____
9. Has a Collection Agency ever contacted you to pay a bill?
 YES NO Explain: _____
10. What is your current Financial Status?
 - A. Able to meet obligations. _____
 - B. Unable to meet financial obligations. _____
 - C. If unable to meet financial obligations, how far behind are you?
30 Days _____ 60 Days _____ 90 Days _____ 120 Days _____
11. Have you ever missed Alimony or Child Support Payments?
 YES NO Explain: _____
12. Do you have any Enemies? (Someone who would pursue harming you)
 YES NO Explain: _____

13. Do you now, or have you ever had Problems with your Knees or Back?
 YES NO Explain: _____
14. If you wear Glasses, will you be able to perform Ceremonies wearing Contact Lenses or nothing at all?
 YES NO Explain: _____
15. Do you understand the High Cost of Living on and off base in the National Capital Region?
 YES NO Explain: _____
16. Do you understand that you must have at least (E-4 and above 36 Months / E-3 and below 30 Months) remaining on your current Enlistment upon your arrival to The Old Guard or you will be required to Re-enlist or Extend to be eligible for this assignment?
 YES NO Initials _____
17. Do you have any Tattoos or other Markings on your body?
 YES NO Please see Tattoo form.
18. Do you understand that if you are accepted to the Old Guard, it is your responsibility to inform us of any Physical Changes upon your arrival?
 YES NO Explain: _____
19. Soldiers who received an Enlistment Bonus must have the following documents in order to ensure the timely processing of their Bonus. DD Form 4/1, 4/2, 4/2, DA Form 1966/1-6, DA Form 3286/1-7, AIT Certificate, and Orders Awarding your MOS. Initials _____
20. Do you now or have you ever had a "Shaving Profile"?
 YES NO Explain: _____

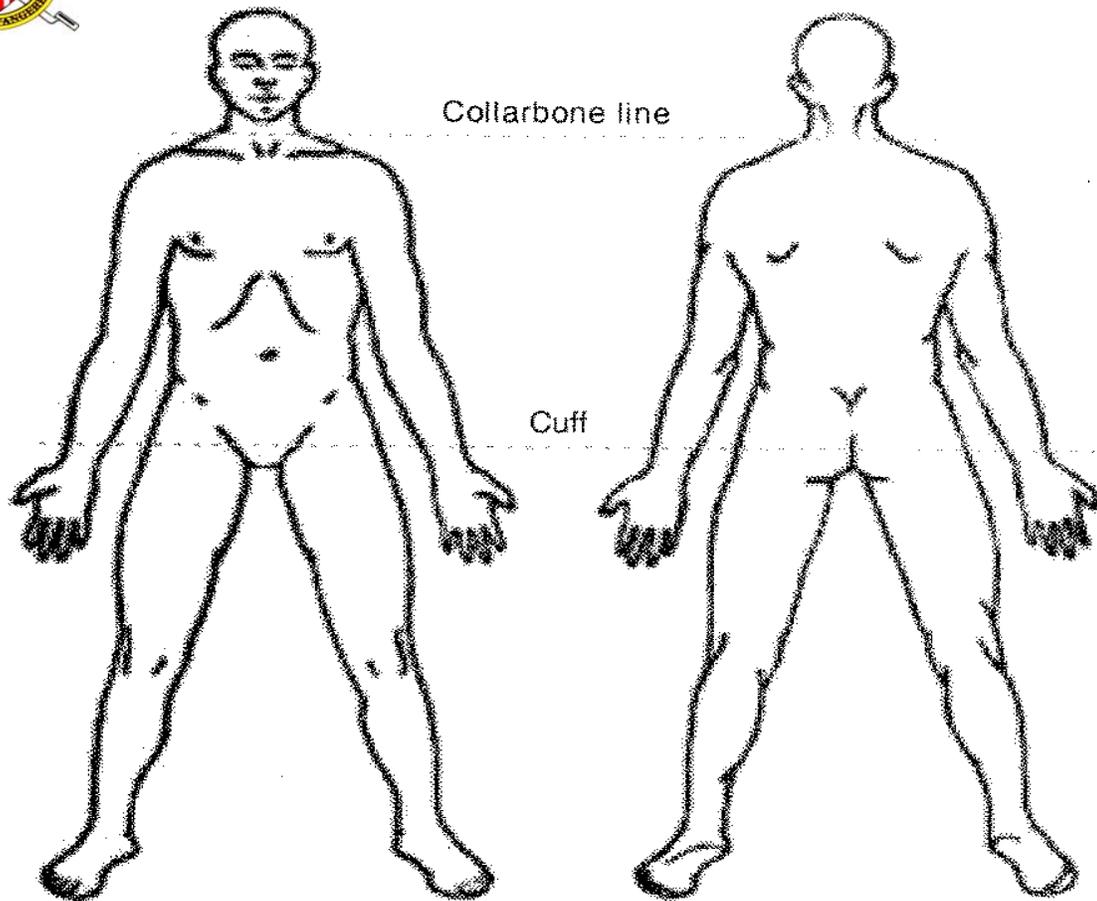
21. It is highly recommended that Soldiers traveling with Family members arrive Monday-Friday between the hours of 0700-1600 to better facilitate lodging. Transportation of your household goods can be coordinated with Transportation at 703-614-7190 or 703-806-4900. During your PCS move, if there are any issues, please call the Regimental Staff Duty at 703-696-3003. Initials: _____

 Signature

 Date



The Old Guard



In the diagram above annotate with a number where your Tattoo is located and provide a brief description of the Tattoo below with the corresponding number of Tattoo.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

The Old Guard

SOLDIER INFORMATION FORM

(Do Not Submit with Application. This is for your information)

The following information is provided to assist you with your move to the National Capital Region. **Soldiers are authorized to PCS to Fort Myer with their Family Members.** We strongly advise Soldiers who are traveling with family members to arrive Monday through Friday between the hours of 0700- 1600 to better facilitate lodging. If you think you may arrive after duty hours, please contact Personnel to arrange housing with your assigned unit. **Soldiers are authorized to Ship House Hold Goods at the Governments expense.** Transportation of household goods can be coordinated with transportation office at 703-614-7190 or 703-806-4900. During your PCS move if there are any issues please contact The Old Guard Staff Duty at 703-696-3003 for assistance. Additional information can be found at our web site at www.army.mil/OLDGUARD

Old Guard Phone Numbers:

Recruiter:	703-696-3149
Personnel:	703-696-4677
Staff Duty:	703-696-3003
Chaplain:	703-696-8130
Finance:	703-696-3522
Sponsorship	03-696-3149/3050

Address:

201 Jackson Ave
Fort Myer, Virginia
22211

Fort Belvoir (This is where Soldiers with Family Members are Housed):

Housing:	703-454-9700
ID Cards/DEERS:	703-805-5578
Army Community Service:	703-805-3413

Bonus Information:

Soldiers who received an Enlistment Bonus must have the following documents in order to ensure the timely processing of their Bonus. DD Form 4/1, 4/2, 4/3, DA Form 1966/1-6, DA Form 3286/1-7, AIT Certificate, and Orders Awarding your MOS.



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REPLY TO
ATTENTION OF

VOLUNTEER STATEMENT FOR ASSIGNMENT

TO: 3D U.S. INFANTRY REGIMENT (The Old Guard)

I hereby volunteer for assignment with the 3D U.S. Infantry Regiment, (The Old Guard) in accordance with AR 614-200, Chapter 8, Paragraph 8-7. I understand that The Old Guard's mission requires the highest standards of discipline, mental and physical readiness, and professionalism. I understand that my assignment to the 3d U.S. Infantry Regiment (The Old Guard) is contingent upon me meeting all prerequisites including successful completion and approval of a Presidential Support Duty Clearance. If, through my own fault fail to meet or maintain the required physical, professional, or suitability standards, or become disqualified in any way prior to or during my tour of duty with The Old Guard, I may be reassigned in accordance with the needs of the Army. I understand that this assignment is a thirty six (36) month tour and I will extend or reenlist to meet this requirement. I volunteer of my own free will and good faith, and will uphold the standards of the regiment to the best of my abilities. I also understand that if I become unable to perform my duties a may be reassigned within the needs of the Army.

APPLICANT'S NAME (print): _____

SIGNATURE: _____

SSN #: _____

DATE: _____

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.

PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).

ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.

DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code) Commander 3D U.S. INF REGT (The Old Guard) 201 Jackson Ave Fort Myer, VA 22211	2. TO (Include ZIP Code) Commander, HRC-Fort Knox ATTN: AHRC-EPA-I, The Old Guard LNO 1600 Spearhead Division Avenue Fort Knox, KY 40122	3. FROM (Include ZIP Code) YOUR CURRENT BATTALION ADDRESS
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) YOUR INFORMATION HERE	5. GRADE OR RANK/PMOS/AOC YOUR RANK AND MOS HERE	6. SOCIAL SECURITY NUMBER 123-45-6789
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SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from _____ to _____ effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify) Assignment to The Old Guard
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)	10. DATE (YYYYMMDD)
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SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

- Request assignment instructions to the 3D U.S. Infantry Regiment (The Old Guard)
- I understand that if I am accepted to The Old Guard I will incur a service remaining requirement of 36 months upon arrival to Joint Base Myer-Henderson Hall.
- I request that any stabilization incurred from redeployment be waived in order to comply with immediate assignment instructions to The Old Guard.
- I have been on station here at _____ since _____.
- My DWELL time is ____ Months and ____ Days.

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

HAS BEEN VERIFIED RECOMMEND APPROVAL RECOMMEND DISAPPROVAL IS APPROVED IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE YOUR COMPANY CO SIGNATURE HERE	13. SIGNATURE	14. DATE (YYYYMMDD)
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PERSONNEL ACTION FORM ADDENDUM

For use of this form see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

1. NAME OF INDIVIDUAL YOUR NAME HERE	2. SSN 123-45-6789
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3. RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL

a.	(1) ORGANIZATION BATTALION UNIT INFORMATION HERE	(2) OFFICE SYMBOL BATTALION SYMBOL	(3) DATE
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(4) ACTION

APPROVED
 DISAPPROVED
 RECOMMEND APPROVAL
 RECOMMEND DISAPPROVAL
 RETURNED

(5) COMMENTS

(6) NAME BATTALION COMMANDER'S NAME	(7) TITLE/POSITION/RANK BATTALION COMMANDER'S TITLE/RANK
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(8) SIGNATURE BATTALION CDR SIGNATURE	(9) HEADQUARTERS POC TELEPHONE NUMBER (123)456-7890
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(10) FORWARDED TO BRIGADE COMMANDER ADDRESS HERE	(11) ENCLOSURES <input type="checkbox"/> ADDED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> NO CHANGE
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b.	(1) ORGANIZATION BRIGADE UNIT INFORMATION HERE	(2) OFFICE SYMBOL BRIGADE SYMBOL	(3) DATE
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(4) ACTION

APPROVED
 DISAPPROVED
 RECOMMEND APPROVAL
 RECOMMEND DISAPPROVAL
 RETURNED

(5) COMMENTS

(6) NAME BRIGADE COMMANDER'S NAME	(7) TITLE/POSITION/RANK BRIGADE COMMANDER'S TITLE/RANK
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(8) SIGNATURE BRIGADE CDR SIGNATURE	(9) HEADQUARTERS POC TELEPHONE NUMBER (123)456-7890
--	--

(10) FORWARDED TO CDR, HRC ATTN: AHRC-EMP-A 1600 Spearhead Division Avenue Fort Knox, KY 40122	(11) ENCLOSURES <input type="checkbox"/> ADDED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> NO CHANGE
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c.	(1) ORGANIZATION	(2) OFFICE SYMBOL	(3) DATE
----	------------------	-------------------	----------

(4) ACTION

APPROVED
 DISAPPROVED
 RECOMMEND APPROVAL
 RECOMMEND DISAPPROVAL
 RETURNED

(5) COMMENTS

(6) NAME	(7) TITLE/POSITION/RANK
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(8) SIGNATURE	(9) HEADQUARTERS POC TELEPHONE NUMBER
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(10) FORWARDED TO	(11) ENCLOSURES <input type="checkbox"/> ADDED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> NO CHANGE
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4. **DISTRIBUTION** *(List all organizations to receive copy)*