

READY RESERVE SCREENING QUESTIONNAIRE

SUPPORTING DIRECTIVE BUPERSINST 1001.39

PRIVACY ACT STATEMENT

AUTHORITY to request the following information is derived from 5 U.S.C. 5301, Executive Order 9397 and BUPERSINST 1001.39. The information sought on this form is requested for the management and administration of personnel assigned to the Ready Reserve.

ROUTING USES: The information will be used by officials of the Department of the Navy in verifying your qualifications and suitability for continued assignment to the Ready Reserve. No information will be disclosed outside the Department of Defense, except in accordance with SECNAVINST 5211.5D, para. (14)(11)(c).

VOLUNTARY: Completion of this form is voluntary. Failure to provide the requested information, however, may result in an inability to provide services and benefits, and to take or to complete personnel or other administrative actions.

NAME: (Last, First, MI)	SSN:	PAYGRADE:	DESIG/RATE:
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Place an "X" in the Yes or No box. Provide amplifying information as required.	YES	NO
1. Is your Record of Emergency Data (NAVPERS 1070/602) current? If no, review and update as necessary.	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a dependent(s) who would prevent, restrict or delay your mobilization? If yes, explain. See note 1 BUPERSINST 1001.39 (Ch. 21).	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have a spouse who is an active or reserve service member? If yes, see notes 1 and 2 in BUPERSINST 1001.39 (Ch. 21).	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you a single member with dependent(s)? If yes, see notes 1 and 2 in BUPERSINST 1001.39 (Ch. 21)	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you within the last year failed to meet, or do you believe you are now unable to meet, the physical readiness standards per OPNAVINST 6110.1? If yes, explain below. See note 3 in BUPERSINST 1001.39 (Ch. 21).	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a medical problem or physical defect, which might prevent your mobilization or restrict your assignment? If yes, explain below. See note 4 in BUPERSINST 1001.39 (Ch. 21).	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you preparing for religious ministry by attending a recognized theological or divinity school, or an equivalent, or preparing to meet religious faith group requirements? If yes, identify institution course of instruction and date entered program below. See note 5 in BUPERSINST 1001.39 (Ch. 21).	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you a student, resident, or intern in any educational program, which leads to a certification as a medical doctor or dentist? If yes, describe program, credential to be awarded, date started and expected duration of course. See note 6 in BUPERSINST 1001.39 (Ch. 21).	<input type="checkbox"/>	<input type="checkbox"/>

READY RESERVE SCREENING QUESTIONNAIRE (CONTINUED)		YES	NO
9(a). Are you currently employed? If yes, provide the information requested below. Name of Organization: _____ Position Title: _____		<input type="checkbox"/>	<input type="checkbox"/>
9(b). Are you considered a "key" employee? If yes, please provide the information listed below. See note 1 in BUPERSINST 1001.39 (Ch. 21). POC: _____ Phone: _____		<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have any benefits that would prevent or restrict your service during mobilization or recall? If yes, explain below. See note 1 in BUPERSINST 1001.39 (Ch. 21).		<input type="checkbox"/>	<input type="checkbox"/>
11. Are you a non-prior service member who has not completed a 12 week period of basic training or its equivalent? If yes, describe the circumstances. See note 7 in BUPERSINST 1001.39 (Ch. 21).		<input type="checkbox"/>	<input type="checkbox"/>
12. Do you know of any reason why your recall to active duty would create a personal or community hardship? If yes, explain below. See note 1 in BUPERSINST 1001.39 (Ch. 21).		<input type="checkbox"/>	<input type="checkbox"/>
13. Have you been convicted of any criminal offense? If yes, identify the offense below. See note 1 in BUPERSINST 1001.39 (Ch. 21)		<input type="checkbox"/>	<input type="checkbox"/>
14. Are you currently involved in any pending civil or criminal legal matters that could delay or preclude your immediate mobilization? See note 1 in BUPERSINST 1001.39 (Ch. 21)		<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever been convicted of a domestic violence offense? See notes 1 and 8 in BUPERSINST 1001.39 (Ch. 21).		<input type="checkbox"/>	<input type="checkbox"/>
16. Is there any other reason why you would not be immediately available for recall to active duty? If yes, explain. See note 1 in BUPERSINST 1001.39 (Ch. 21).		<input type="checkbox"/>	<input type="checkbox"/>
CERTIFICATION BY PERSON COMPLETING FORM			
I certify that the information I have provided is complete and accurate to the best of my knowledge. I will expeditiously notify my commanding officer of any circumstances that may develop in the future that could delay or prevent my immediate mobilization.			
MEMBER'S SIGNATURE: _____		DATE: _____	
COMMANDING OFFICER'S ENDORSEMENT (SELRES AND VTU ONLY)			
<input type="checkbox"/>	I consider the member mobilization ready. I will report any changes to the member's status that may affect his/her mobilization to the local Naval Reserve activity.		
<input type="checkbox"/>	I consider the member not mobilization ready. The following action has been taken:		
<input type="checkbox"/>	FORWARDED TO ACTIVITY COMMANDING OFFICER FOR FURTHER REVIEW.		
UNIT COMMANDING OFFICER'S SIGNATURE: _____		DATE: _____	
ACTIVITY COMMANDING OFFICER'S SIGNATURE: _____		DATE: _____	