

PDT VOLUNTEER STATEMENT

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S. C. 103, E.O. **PURPOSE:** To qualify cadets for Professional Development Training. **ROUTINE USE:** This information is not released outside of DOD. **DISCLOSURE:** Voluntary. However, without information, cadet will not be considered for PDT.

NAME: _____

SSAN: _____

DET #: _____

CADET'S E-MAIL ADDRESS: _____

PROGRAM (List the PDT programs you are volunteering for, in order of precedence) (See Table A3.1)

PDT PROGRAM CODE

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

What timeframe would you prefer to attend PDT? Choose one: (EARLY SUMMER) (LATE SUMMER) (ANYTIME)

(Explanation: "Early Summer" would cover approximately the period from the beginning of summer break through mid-July; "Later Summer" would cover approximately mid-July through the end of summer break.)

If you are volunteering for Operation Air Force (OAF) or the AS100 Special Training (ASSIST) program, list 3 AFSCs of interest to you (in order of preference). See the list of AFSCs (Table A3.2).

1ST AFSC CHOICE

2ND AFSC CHOICE

3RD AFSC CHOICE

PLACE OF DEPARTURE FOR PDT TRAVEL:

If selected for PDT, you are authorized round-trip travel from either your home or school location to PDT. Print the city and state from where you will depart

AIRPORT OF DEPARTURE: Print the city and state of commercial airport within an hour and a half of the place of departure you entered above:

CADET STATEMENT

I understand that if I am selected for a PDT assignment, it becomes a commitment. I will attend and participate in the PDT program as scheduled. Cancellation requests will only be considered for verifiable emergencies or extreme personal hardship.

SIGNATURE OF CADET

DATE

THIS SECTION FOR CADRE USE ONLY

AS YEAR _____

HEIGHT/WEIGHT _____

SEX _____

PFT SCORE _____

AGE _____

AFAFF PFT _____ (if applicable)

DOB _____

AAT PFT _____ (if applicable)

SEC CLEARANCE _____

3-LETTER AIRPORT CODE _____ (from travel office)

FT COMPLETION DT _____

ACADEMIC MAJOR _____

CLASS RANKING _____

Note to CADRE: Please check eligibility requirements carefully to confirm cadet is eligible for the programs above. Additionally, double-check SSAN and other cadet information on this sheet for accuracy.

CADRE Initials