

**READINESS AND DEPLOYMENT CHECKLIST**

1. DATE (YYYYMMDD)		2. NAME (Last, First, Middle)				3. ORGANIZATIONLA ID NUMBER			
4. SERVICE AFFILIATION		5. COMPONENT		6. STATUS		7. E-MAIL ADDRESS			
<input type="checkbox"/> USAID	<input type="checkbox"/> Commerce	<input type="checkbox"/> ACTIVE		<input type="checkbox"/> PSC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> DOS	<input type="checkbox"/> Treasury	<input type="checkbox"/> STAND-BY		<input type="checkbox"/> DH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> DOJ	<input type="checkbox"/> DHS	<input type="checkbox"/> RESERVE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> USDA									
10. JOB TITLE						9. DEPLOYMENT COUNTRY			
<b>EACH SECTION</b>									
a. Readiness Certification		b. Personnel		c. Finance		d. Training		d. Medical	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. Training		g. Security		h. Medical		i. Dental		j. Vision	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>SECTION I - DEPLOYMENT VALIDATION</b>									
<b>Part B. Team Leader</b>									
1. PRINTED NAME (TEAM LEADER)				2. GRADE		3. ADDRESS			
4. SIGNATURE				5. TITLE					
6. PHONE NUMBER		7. E-MAIL ADDRESS				8. Date		<input type="checkbox"/>	<input type="checkbox"/>

**READINESS AND DEPLOYMENT CHECKLIST**

NAME (Last, First Middle)					SSN							
					READINESS CERTIFICATION			DEPLOYMENT VALIDATION				
<b>SECTION II - PERSONNEL</b>					GO	NO GO	NA	DATE (YYYYMMDD)	GO	NO GO	NA	DATE (YYYYMMDD)
1. Emergency Data Information/Locator Card												
2. Insurance Verification/MEDEVAC Insurance Policy Current (Verification)												
3. DoS/USAID Badge												
4. Passport requested or in possession, if required (carried by person)												
5. Visa requested or in possession, if required (carried by person)												
6. Citizenship/Naturalization Verification												
7. Travel Authorization Orders												
8. Airline Tickets												
9. SF 50 (Stand-by personnel only)												
10. Passport Photo in database												
11. Service Agreement (Stand-by personnel only)												
12a. Signature of Certifying Official					12b. Grade/Title			12c. Date (YYYYMMDD)				
<b>SECTION III - SUPPLY AND LOGISTICS</b>												
1. Personal clothing, basic issue or like quantities												
2. Organizational clothing and equipment issued												
3. Theater specific clothing issued												
4. Theater specific equipment issued												
5a. Signature of Certifying Official					5b. Grade/Title			5c. Date (YYYYMMDD)				

## READINESS AND DEPLOYMENT CHECKLIST

NAME <i>(Last, First Middle)</i>					SSN								
<b>SECTION IV - TRAINING</b>					<b>READINESS CERTIFICATION</b>				<b>DEPLOYMENT VALIDATION</b>				
					GO	NO GO	NA	DATE (YYYYMMDD)	GO	NO GO	NA	DATE (YYYYMMDD)	
1. Force Protection Training administered													
2. OPSEC/SAEDA Briefing													
3. Deployment Briefing to Family Members													
4. Safety and Local laws for deployment area briefing													
5. Media Awareness Training													
6. Sector specific training requirements completed													
7. Military Common Task Training													
8a. SIGNATURE OF CERTIFYING OFFICIAL					8b. Grade/Title				8c. DATE (YYYYMMDD)				
<b>SECTION V- SECURITY</b>													
1. Security clearance meets requirement for duty position													
2. Security clearance meets requirement for deployment mission													
3. Security Clearance Provided to Gaining EMB.													
4a. SIGNATURE OF CERTIFYING OFFICIAL					4b. Grade/Title				4c. DATE (YYYYMMDD)				
<b>SECTION VI- MEDICAL</b>													
1. Shot/Innoculations Current													
2. Immunizations current													
3. Current physical exam on hand (Class I)													
4. Country specific immunizations required for deployment area.													
5. Prescriptions, <i>sufficient supply; minimum 90 day if Overseas</i>													
6. Medical Tags/Bracelets													
7a. SIGNATURE OF CERTIFYING OFFICIAL					7b. Grade/Title				7c. DATE (YYYYMMDD)				

## Civilian Response Corps (CRC) Inprocessing Checklist

# Privacy Act Statement

### Adminstrative Information

Name (Last, First M.I.)			Organization ID Number			Grade		Hiring Mechanism			
Date of Birth		Age	Height		Weight	Hair Color		Eye Color			
Blood Type		Religion		Home Address			Phone Number (Work)		Duty Title		
Phone Number (Home)			Phone Numner (Cell)			Primary E-Mail Address					
Section/Organization Address						Alternate E-Mail Address					
<b>Emergency Information</b>											
Name					Phone Number						
Address					A/ Phone Number						
E-Mail Address					Alternate E-Mail Address						
<b>Security Information</b>											
Security Clearence						Date Initiated		Expiration Date			
<b>Languages (Reading/Writing/Verbal)</b>						<b>Equipment Sizes</b>					
a.		c.				<b>Hat Size</b>		<b>Boot Size</b>		<b>Coat Size</b>	
b.		d.				<b>Trouser Size</b>		<b>Glove Size</b>		<b>NBC Suit Size</b>	
						<b>NBC Glove Size</b>		<b>NBC Boot Size</b>		<b>Protective Mask Size</b>	

Sector Expertise		Foreign Country Experience		
Sector	Experience	Country	Duration (Mos.)	Description

### Training

Orientation Training	Date	Annual Training						Skill Level (i.e. 1/1/1)
		Military Training	Date	Civilian Training	Date	Language Training	Date	
USAID 101		Weapons Familiarization		R & S Training		Arabic		
Military 101		Convoy Live Fire		DG Training				
CMM 102		NBC Training		Conflict Management Tng				
State 101		First Aid		HAZMAT Training				
Equal Opportuniy		Communication		EPA Training				
IT Training		Land Navigation		Cultural Awareness		Sapnish		
		Drivers Training		Rule of Law		Japanese		
		WST Training				Chinese		
		H.E.A.T. Training						
		EST 2000						
		MOUT Training						
		Counter IED Training						

### Medical

Physical				Required Medical Items		Allergies
Type	Date	Shots/Immunization/Vaccinations		Type	Yes/No	
				Spectacles (2 Pair)		1
				Preotective Mask Inserts (2 Pair)		2
				Ear Plugs (Fitted)		
Yellow Fever		Hepatitis B		Hear Aids		3

Influenza		Anthrax			Medical Warning Tags				
Hepatitis A		Smallpox							

