Questionnaire for Peace Corps Volunteer Background Investigation

Privacy Act Statement: The Peace Corps, an agency of the U.S. government, is required by the Privacy Act of 1974 (5 U.S.C. §552a) to advise you of the following information regarding this form.

This information is being collected pursuant to the Peace Corps Act, 22 U.S.C. §§ 2504(a), 2519. It will be used to determine whether you are qualified, eligible and suitable to be a Peace Corps Volunteer and whether your assignment to the Peace Corps would be consistent with the national interest. It will be used by the Peace Corps or a contractor to conduct a Background Investigation (BI), which may include a check of records at the Office of Personnel Management, the Federal Bureau of Investigation, the Defense Security Service and other agencies which might have pertinent records relating to your activities. Signature on the form provides your consent for such a check.

The information may be used and disclosed for the routine uses described in the Privacy Act, 5 U.S.C. §552a, and the Peace Corps' published Routine Uses for PC-17 (Volunteer Records), summarized in Peace Corps' System of Records. (Peace Corps System of Records link)

Your Social Security Number (SSN) is needed to ensure that records are accurate, since other people may have the same name and birthdate. Completion of this form, including your SSN, is voluntary, but without it, the Peace Corps will be unable to process your application.

Paperwork Reduction Act Burden Statement: Public reporting burden for this information collection is estimated to average 5 minutes. This includes the time for reviewing instructions and completing the information. This is a voluntary information collection. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: the FOIA Officer, Peace Corps, 1111 20th Street NW, 2nd Floor, Washington, D.C. 20526. Do not return the completed form to this address.

Instructions

Do not extend any response beyond the space provided within each form field. If you are unable to complete a form field using the space provided continue on a separate electronic document that can be saved in one of the following electronic formats: ".doc," ".docx," ".pdf." At the top of each continuation sheet, type your name, social security number and the words "Peace Corps BI Questionnaire Continuation." Be sure to indicate the number(s) of the questions to which you are responding. Sign (type legal name) and date at the bottom of each continuation sheet in the following format: "Signature: Date: MM/DD/YYYY".

Item 1: Type your full name in the following order – LAST, FIRST, MIDDLE, if you are a "Sr.", "Jr.", "III", etc., skip one space after your middle name and enter the appropriate designation. If you have initials only, enter each initial in the appropriate form field and type (IO) after the initial for INITIAL ONLY. If you have no middle name, enter NMN in the form field under "Middle".

Examples:

Normal Entry

1. Applicant's Name	Last	First	Middle			
Doe		John	Carr Sr.			
Initials Only						
1. Applicant's Name	Last	First	Middle			
Doe	A (IO)		C (IO)			
No Middle Name						
Applicant's Name	Last	First	Middle			
Doe		John	NMN			

- Item 2: Type your social security number (SSN).
- Item 3: Type your date of birth in the following format: MM/DD/YYYY. For example, December 5, 1948, should be typed:

12	05	1948
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- Item 4: Type other names you have used and the dates (month and year) the names were used, such as maiden names, names by former marriages, aliases, nicknames, or former names changed legally or otherwise. Print "NEE" before maiden names.
- Item 5: Type your place of birth. Enter the city/town and county. If you were not born in the U.S.A. or its territories, type the name of the foreign country where you were born. If you were born in the U.S.A. or its territories, fill in the box marked "State" with the appropriate abbreviation from the list below:

Coding for States, District of Columbia, and U.S. territories (Item 5)

AlabamaAL	Haw aii	Massachusetts .MA	New MexicoNM	South DakotaSD
Alaska AK	ldaho	Michigan MI	New York NY	TennesseeTN
ArkansasAR	Illinois L	MinnesotaMN	North Carolina .NC	Texas
ArizonaAZ	Indiana	MississippiMS	North DakotaND	Utah UT
CaliforniaCA	low a	Missouri	Ohio OH	Vermont VT
ColoradoCO	Kansas KS	Montana MT	OklahomaOK	VirginiaVA
ConnecticutCT	Kentucky KY	NebraskaNE	Oregon OR	WashingtonWA
DelawareDE	LouisianaLA	Nevada NV	PennsylvaniaPA	West VirginiaWV
Florida FL	Maine ME	New Hampshire NH	Rhode IslandRI	Wisconsin
Georgia	Maryland MD	New Jersey NJ	South Carolina .SC	WyomingWY

- Item 6: Click to reveal a "✓" in the appropriate box.
- Item 7: Read the certification. Sign by typing your legal name and date using the following format: MM/DD/YYYY. . Be sure to sign and date all continuation sheets.

Once you have completed the form, save, and then upload it and any continuation sheet(s) through the Applicant Portal via the following instructions:

- 1. Go to the "Edit your profile" page
- 2. Click the "Attachments" tab
- 3. Browse for and upload your attachment
- 4. *Select "SAC Questionnaire" as the "Category" for the attachment
- 5. Click "Save"
- 6. Once you are done uploading, click "Continue" *If you do not select a "Category" for an attachment, then the attachment WILL NOT appear as part of your Talent Record

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BI Use Only

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1. Applic	cant's l	Name	Last	First	Middle			Z. Social	Securit	y Number
3. Date	of Birth		4. Other (Full)	Name(s) Used and Dates U	Ised					
			1.		2					
									-	
5. Place	of Birtl	า	City	County	State	Countr y			6. S	1 1
	am Name/ Initial:	Fraining Cla	sss Number/D es k Date:	Office Use	Only Changes, Co	mments			Male	
good purp Pers qual	d faith. I oose of ui sonnel Ma	authorize ndertaking anagement , eligibility o	this information to a background inve , the Federal Bure	e in thisform is true and comp be provided to an investigator stigation. I also authorize such au of Investigation, the Defens ce Corps service or whether assi	r or other du investigator e Security S	ly authorized or represent Service or an	d representati ative to obtai y other relev pswould be c	ive of the F n information ant agency	eace Co on from th relating	rps for the ne Office of to my