



DEA AMBASSADOR PROGRAM VOLUNTEER APPLICATION



Applicant Name

Name: _____			
Last Name	First Name	Middle Name	
Date of Birth: _____			
Are you a U.S. Citizen: Yes _____ No _____			
Acquired by: Birth _____ Marriage _____ Naturalization _____			

Contact Information

Home Address: _____			
Street	City	State	Zip Code
Home Phone _____	Cell Phone _____	Work Phone _____	
E-mail Address: _____			

Employment Information

Current Employer _____			
Work Address: _____			
Street	City	State	Zip Code
Job Title: _____			

Memberships and Community Groups

PI Please list any organizations, associations, or community groups to which you belong:

Authorization to Conduct Law Enforcement Check

DRUG ENFORCEMENT ADMINISTRATION PRIVACY ACT STATEMENT AND CONSENT

Providing the information requested is voluntary. The authorities for the collection of this information are E.O. 9397; E.O. 10450; E.O. 12356; 5 U.S.C. §§ 301, 3301, and 9101; and 5 C.F.R. parts 5, 732, and 736. The principal purposes for which the information will be used are to screen qualifications of applicants to the Ambassador Program, to ensure the accuracy of Department of Justice records, and to perform background checks as necessary. The information provided may be disclosed to employees of the Department of Justice who have a need to know the information for the performance of their duties and designated officers and employees of agencies conducting an investigation of you. For additional guidance regarding how your information may be used or disclosed, along with a complete list of the Privacy Act routine uses related to this collection, please consult the Department of Justice System of Records Notice titled "Personnel Investigations and Security Clearance Records for the Department of Justice," DOJ-006, 67 F.R. 59864 (9/24/2002), accessible at http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=2002_register&docid=02-24206-filed.pdf, If background checks are performed, or the Office of Personnel Management System of Records Notice titled "General Personnel Records," OPM/GOVT-1, 71 F.R. 35342 (5/24/2006). Giving us the information we ask for is voluntary. However, we may not be able to consider your application or complete your investigation, if you don't give us each item of information we request. This may affect your prospects of being selected as a DEA Ambassador.

CONSENT

Full Name (typed or printed) _____

Full Name (Signature) _____

Date of Authorization _____

All applications must be signed.