

# **Confederate States Guard Application Southern Civilian Defense Force**





Date:		

### PURPOSE FOR INFORMATION REQUESTED

AUTHORITY: CS Congressional Act 42 of February 28, 1861.

**PRINCIPAL PURPOSES:** To record enlistment into the Confederate State Guard. This information becomes a part of the enlistee's military personnel records which are used to document promotions, reductions, reassignments, training, medical support and other personnel management actions.

**ROUTINE:** This form becomes a part of the enlistee's Service Master File and Field Personnel File. All uses of this form are internal to the respective service.

**DISCLOSURE:** Voluntary; however, failure to provide personal identification information you may be denied enlistment.

### **ENLISTEE IDENTIFICATION DATA**

NAME (Last, First, Middle)	Gender (M/F):			
VALIDATED IDENTIFICATION : Copy of Drivers License or State I.D.	Commanders Signature:			
HOME OF RECORD (Street, City, State)	DATE OF ENLISTMENT			
DATE OF BIRTH	Race/Nation of Origin:			
Telephone Contact Number:	E-Mail Address			
Military Service	Branch: Rank:			
Were you in any of these groups:	Your job duties and functions while with one of these groups:			
Special Forces: (yes/no)?				
Ranger: (yes/no)?				
Navy Seal: (yes/no)?				
Marine Recon: (yes/no)?				
AF Para Rescue: (yes/no)?				
Volunteer Statement				
l,	, understand that I am not enlisting for a			
set amount of time. Instead, I, as all members of the				
and therefore, capable of altering my enlistment sta				
more, as a volunteer I acknowledge that I will receive no pay or benefits for my service, but in-				
stead have the honor of serving with the most Dedic	ated, Honorable, and Loyal Military Force on			
Farth My Honor Is My Lovalty				



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Page 2

#### Service Preference

Service Freierence	
My preference of service is:	
Combat Specialties	
<ul> <li>Military Police Officer</li> <li>Special Forces - Communications Specialist</li> <li>Special Forces - Engineer Specialist</li> <li>Special Forces - Medical Specialist</li> <li>Special Forces - Weapons Specialist</li> </ul>	Cavalry Scout Marksman Mechanized Infantry General Infantry
Combat Support Specialties	
<ul> <li>Military Intelligence Specialist</li> <li>Criminal Investigations Special Agent</li> <li>Ground Surveillance Systems Operator</li> <li>Civil Affairs Specialist</li> <li>Translator/Interpreter</li> <li>Signal/IT Specialist</li> </ul>	<ul> <li>Combat Medic</li> <li>Transportation Specialist</li> <li>Unit Supply Specialist</li> <li>Chaplain Assistant</li> <li>Chaplain</li> </ul>
Support Specialties	
<ul> <li>Higher Headquarters &amp; Command</li> <li>Intelligence Analyst</li> <li>Psychological Operations Specialist</li> <li>Human Resources Specialist</li> <li>Automated Logistical Specialist</li> <li>Quarter Master Officer</li> </ul>	Judge Adjutants General Corp Paralegal Specialist Administrative Specialist Public Affairs Specialist Media Specialist
Enlistment Oath	
	e to the same; and that I will obey the orders of the Coners of the State Governor and the officers appointed over

Send to: Your State Commander or csaspringfield@live.com

**Applicants Signature**