DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD
CG-AUX-20 (3-03)

UNITED STATES COAST GUARD AUXILIARY

AIM CANDIDATE TRAVEL WORKSHEET

To: DIRECTOR OF ADMISSIONS
U.S. COAST GUARD ACADEMY
15 MOHEGAN AVE
NEW LONDON, CT 06320-4195

(Shall be completed by DSO-CC and submitted no later than 1 JULY.)

DATE _____

From: _____ DISTRICT

DSO-CC _____ TELEPHONE: HOME (___)_____ BUSINESS (___)_____

I. CANDIDATE INFORMATION

ALL INFORMATION SHALL BE COMPLETED. LEAVE NO BLANK SPACES

FULL NAME _____ MALE ☐ TOTAL SCORE _____

MAILING ADDRESS _____ FEMALE ☐ SCHOOL # _____

CITY _____ STATE _____ ZIP _____ SSAN: _____

PARENT(S)/GUARDIAN _____ (H)_____ (B)_____

II. TRAVEL INFORMATION

TRAVELING TO: NEW LONDON ☐ PROVIDENCE ☐ USCGA ☐

ARRIVAL DATE:_____ TIME: _____

ARRIVAL VIA: PLANE* ☐ TRAIN ☐ AUTO ☐ FERRY ☐ BUS ☐

*AIRLINE & FLIGHT #

TRAVELING FROM: NEW LONDON ☐ PROVIDENCE ☐ USCGA ☐

DEPARTURE DATE:_____ TIME: _____

DEPARTING VIA: PLANE* ☐ TRAIN ☐ AUTO ☐ FERRY ☐ BUS ☐

*AIRLINE & FLIGHT #

CANDIDATE WILL ☐ WILL NOT ☐ REQUIRE EXTRA HOUSING AND MEALS ON DATE(S) _____ AND FUNDING/REIMBURSEMENT FOR HOUSING AND MEALS

AN AIM REPRESENTATIVE WILL ARRANGE TO PICK UP AND RETURN CANDIDATE TO HIS/HER TRAVEL MODE ON PRESCRIBED DATES ONLY.

III. AIM WEEK REQUIREMENTS CRITERIA

THE FOLLOWING AIM WEEK REQUIREMENTS/CRITERIA HAVE BEEN DISCUSSED WITH THE CANDIDATE BY AN AUXILIARY CAREER COUNSELOR.

AMPLE AND PROPER PERSONAL GEAR	YES ☐	NO ☐
AMPLE MEAL, HOUSING, AND SPENDING MONEY	YES ☐	NO ☐
PHYSICALLY FIT FOR STRENUOUS PARTICIPATION	YES ☐	NO ☐
DOES CANDIDATE TAKE ANY MEDICATION?	YES ☐	NO ☐

If "yes", what kind and how often? _____

DOES THE CANDIDATE WEAR CORRECTIVE LENSES?

If "yes", glasses ☐ and/or contact lenses ☐

IV. WORKSHEET DISTRIBUTION

*BE SURE **ALL** COPIES ARE LEGIBLE*

SEND COPIES TO:
DIRECTOR OF ADMISSIONS, USCGA
DVC-MA (DIVISION CHIEF)
DSO-CC (DISTRICT STAFF)
BC-MAS (BRANCH CHIEF ACADEMY SUPPORT)

ANSC # 7022

Reset

AIM CANDIDATE TRAVEL WORKSHEET - CG-AUX-20

A. GENERAL - This travel worksheet should be completed by the District Staff Career Coordinator, DSO-CC, for each AIM candidate's schedule.

B. HEADER INFORMATION

1. DATE - Enter date completed in DD/MM/YY format.
2. FROM - Enter district submitting travel schedule.
3. DSO-CC - Enter DSO-CC name, Home and Business telephone numbers.

C. SECTION I - CANDIDATE INFORMATION - ALL SPACES MUST BE FILLED IN.

1. Full Name - Enter the full name of the candidate (Last, First, Middle).
2. Gender - Check the appropriate box.
3. Score - Enter the candidate's total score.
4. Address - Enter the candidate's complete mailing address.
5. School # - Enter the candidate's school number.
6. SSAN - Enter the candidate's Social Security Administration Number.
7. Parent(s)/guardian(s) - Enter the name, (H)ome and (B)usiness telephone number of the candidate's parent(s) or guardian(s).

D. SECTION II- TRAVEL INFORMATION - Complete this schedule for both travel to and from the Academy.

1. Check the last stop of candidate's commercial travel schedule, indicating location where the candidate is to be met.
2. Arrival - Complete with the candidate's arrival date and time.
3. Arrival Via - Indicate the candidate's travel method.
4. Airline Flight # -- Complete with the Airline name and flight number arriving at and departing from destination.
5. Indicate if the candidate will require extra housing and meals because of travel connections and show the date(s) needed.

E. SECTION III - AIM WEEK REQUIREMENTS CRITERIA

1. All questions should have been discussed with the candidate. If this subject has not been discussed, it must before traveling!
2. If the candidate takes medication(s), indicate what the medication(s) is/are and frequency.
3. If the candidate wears corrective lenses, check the appropriate box for glasses or contact lenses.

F. SECTION IV - WORKSHEET DISTRIBUTION

1. Distribute copies according to schedule included.