

**APPLICATION FOR VOLUNTARY MOBILIZATION PREASSIGNMENT**

For use of this form, see AR 601-10; the proponent agency is DCS, G-1

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** 10 USC 12301d and 688.

**PRINCIPAL PURPOSES:** Pertinent information concerning any discrepancies in individual's marital status, education, date of birth, and social security number is obtained from the retiree to keep his/her master personnel file up to date.

**ROUTINE USE:** Information is used to update the individual's personnel record to determine availability for mobilization in the event of a national emergency.

**DISCLOSURE:** Disclosure and effect on individual not providing information: The execution of this form is voluntary to retirees. Failure to furnish information requested may result in denial of a voluntary preassignment.

**Commander, HRC - St. Louis**  
**ATTN: AHRC-PLM-P**  
**1 Reserve Way**  
**St. Louis, Missouri 63132-5200**

1.a. I hereby volunteer for preassignment to *(Installation or geographic area)*

b. I  will  will not accept an alternate assignment.

c. I understand that I may withdraw this application at any time and that retirees meeting the recall age criteria may subsequently be involuntarily preassigned

**2. APPLICANT INFORMATION** *(Please print or type all information provided in blocks 2a through m.)*

a. NAME <i>(Last, first, middle)</i>	b. DATE OF BIRTH
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c. ADDRESS *(Include ZIP Code)*

d.(1) HOME PHONE <i>(Include area code)</i>	d.(2) BUSINESS PHONE <i>(Include area code)</i>
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e. RETIRED COMPONENT *(Check one)*     RA                       AUS                       USAR

f. RETIRED GRADE	g. BRANCH <i>(Officers only)</i>
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h. DATE PLACED IN RETIRED STATUS	i. MARITAL STATUS	j. NUMBER OF DEPENDENTS
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k.(1) MOS/SSI/AOC	k.(2) SMOS/ASSI <i>(Skill)</i>
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l. PHYSICAL STATUS *(Self-assessment)*

**IF CURRENTLY PREASSIGNED, INCLUDE COPY OF ORDERS.**

3. SIGNATURE	4. DATE
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