



SHARP SCHOOL PACKET CHECKLIST



- HJB 888 with all signatures
- DD 369 (Digitally)
- ICORPS SHARP Background Memo
- DD FORM 2909 signed by the BN
Commander(Company SHARP Advisor) / BDE
Commander (Victim Advocate)
- LATEST ERB
- National Sex Offender Search signed by BN SHARP
Representative
- DA 5018-R
- NACLIC Verification MFR

*Ensure your Soldier meets the grade requirements SSG or above, 1LT
or above, CW2 or above

SCHOOL APPLICATION

For use of this form, see JBLM Reg 350-2; the proponent agency is DPTMS

Privacy Act of 1974

Authority: 10 U.S.C., Section 3013
 Principal Purpose(s): The Social Security Number is necessary for proper identification of applicant.
 Routine Uses: None
 Disclosure: Disclosure of information is voluntary. However, failure to provide the Social Security Number may result in an invalid application with will not be processed.

Through #1 A CO 296 BSB 1SG 3-2 SBCT JBLM, WA. 98433 POC: 1SG Thomas, Shaun Email: shaun.c.thomas.mil@mail.mil Phone: 253-966-5013	Through #2 296 BSB CSM 3-2 SBCT JBLM, WA. 98433 POC: CSM Uchegbu, Chukwuemeka Email: chukwuemeka.n.uchegbu.mil@mail.mil Phone: 253-967-2006	Through #3 3-2 SBCT SARC JBLM, WA 98433 POC: SFC Ventura, Ryan Email: ryan.t.ventura2.mil@mail.mrmil Phone: 253-967-0516
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1. School (Name and Location)
 SHARP (80 hours) JBLM, WA 98433

3. Course Title/School Code

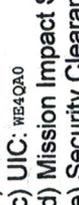
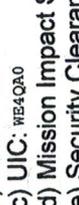
5. Schedule For First Available Yes No

8. (a) Class #	(b) Time Frame	(c) Rank/Grade	(d) Name (Last, First, Middle)	(e) SSN	(f) BR MOS/Series	(g) M/F	(h) Unit
	4-15 May 2015	SFC / E-7	Guerrero, Cassandra		88M40	F	A Co. 296 BSB

6. Alternate Dates Acceptable Yes No

7. Individual Is Not Available From: _____ To: _____

10. I Certify This Training Is Required And All Nominees Meet Prerequisites For The Course

From (Name, Title) David Pepler, SFC, BN Victim Advocate Signature:  Date Signed: 27 Mar 15	Through #2 (Name, Title) Chukwuemeka Uchegbu, 296 BSB Signature:  Date Signed: 27 Mar 2015
Through #1 (Name, Title) Shaun Thomas, 1SG, A CO 296 BSB Signature:  Date Signed: 27 Mar 15	Through #3 (Name, Title) Ryan Ventura 3-2 SARC Signature:  Date Signed: 27 Mar 2015

9. Remarks

a) School NCO Email: _____
 b) Soldier Email: cassandra.l.guerrero2.mil@mail.mil
 c) UIC: WE4040
 d) Mission Impact Statement:
 e) Security Clearance: Y

NOTE: Justification and G3 TREX approval required if request is within 2 weeks of start date.

Date: 24 March 2015
 From: 296 BN SHARP VA
 POC: SFC David Pepler
 Email: david.d.pepler.mil@mail.mil
 Phone: 2539661469

To: Commander
 Joint Base Lewis-McChord
 1010 Liggett Avenue MS 1AA
 Joint Base Lewis-McChord, WA 98433-9500

2. Alternate Location Acceptable Yes No

4. Course Number

POLICE RECORD CHECK			1. DATE OF REQUEST (YYYYMMDD) 20150324	OMB No. 0704-0007 OMB approval expires Oct 31, 2014	
The public reporting burden for this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Suite 02G09, Alexandria, VA 22350-3100 (0704-0007). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO ADDRESS SHOWN AT BOTTOM OF FORM.					
SECTION I - (To be completed by Recruiting Service)					
2. NAME OF APPLICANT (Last, First, Middle Name(s), Alias) Guerrero, Cassandra, Lee		3. SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	4. PLACE OF BIRTH a. CITY Van Horn b. COUNTY US c. STATE TX		
5. DATE OF BIRTH (YYYYMMDD)	6.a. RACIAL CATEGORY (X one or more) <input type="checkbox"/> (1) AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> (2) ASIAN <input type="checkbox"/> (3) BLACK OR AFRICAN AMERICAN <input checked="" type="checkbox"/> (4) WHITE <input type="checkbox"/> (5) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER		b. ETHNIC CATEGORY <input checked="" type="checkbox"/> (1) HISPANIC OR LATINO <input type="checkbox"/> (2) NOT HISPANIC OR LATINO	7. SOCIAL SECURITY NUMBER	
8. ADDRESS IN ADDRESSEE'S JURISDICTION (See "MAIL TO" block) a. NUMBER AND STREET (Include apartment no.) Dupont b. CITY WA c. STATE WA d. ZIP CODE 20150215				9. DATES RESIDED AT THIS ADDRESS a. FROM (YYYYMMDD) 20150215 b. TO (YYYYMMDD) 20150324	
10. PERSON MAKING THIS REQUEST					
a. NAME (Last, First, Middle Name(s)) Ventura, Ryan		b. RANK SFC	c. SIGNATURE VENTURA.RYAN.TUBON.1257419734 <small>Digitally signed by VENTURA.RYAN.TUBON.1257419734 DN: cn=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, ou=VENTURA.RYAN.TUBON.1257419734 Date: 2015.03.24 10:02:22 -0700</small>	d. TITLE 3-2 SBCT SARC	
SECTION II - (To be completed by Applicant)					
PRIVACY ACT STATEMENT					
<p>AUTHORITY: 10 U.S.C. Sections 136, 504, 505, 12102; 14 U.S.C. Sections 351 and 632; DoDI 1304.2; DoDI 1304.26; AR 601-270; OPNAVINST 1100.4C Ch-1; AFI 36-2003_IP; MCO 1100.75E; COMDTINST M 1100.2E; AR 601-210; and E.O. 9397, as amended (SSN).</p> <p>PRINCIPAL PURPOSE(S): The information collected on this form is used to screen and identify applicants to the Armed Forces who may have discreditable involvement with the police or other law enforcement agencies. Completed forms are used to conduct background records checks used to determine eligibility of applicants for accession into the Armed Forces. Completed forms are covered by recruiting and official military personnel SORNs maintained by each of the Services.</p> <p>ROUTINE USE(S): DoD "Blanket Routine Use" 2, Disclosure When Requesting Information Routine Use, specifically applies: A record from a system of records maintained by a DoD Component may be disclosed as a routine use to a Federal, State, or local agency maintaining civil, criminal, or other relevant enforcement information or other pertinent information, such as current licenses, if necessary to obtain information relevant to a DoD Component decision concerning the hiring or retention of an employee, the issuance of a security clearance, the letting of a contract, or the issuance of a license, grant, or other benefit. The DoD Blanket Routine Uses found at http://privacy.defense.gov/blanket_uses.shtml apply to this collection.</p> <p>DISCLOSURE: Voluntary. However, failure of the applicant to complete Section II may result in refusal of enlistment in the Armed Forces of the United States. An applicant's SSN is used to conduct the police records check and keep all records together during the enlistment process.</p>					
The data are for OFFICIAL USE ONLY and will be maintained and used in strict confidence in accordance with Federal law and regulations. Making a knowing and willful false statement on this DD Form 369 may be punishable by fine or imprisonment or both. All information provided by you, which possibly may reflect adversely on your past conduct and performance, may have an adverse impact on you in your military career in situations such as consideration for special assignment, security clearances, court martial and administrative proceedings, etc.					
11. I HEREBY CONSENT TO RELEASE FROM YOUR FILES THE INFORMATION REQUESTED BELOW.			SIGNATURE GUERRERO.CASSANDRA.LEE E.1258393100 <small>Digitally signed by GUERRERO.CASSANDRA.LEE.1258393100 DN: cn=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, ou=GUERRERO.CASSANDRA.LEE.1258393100 Date: 2015.03.24 10:01:07 -0700</small>		
SECTION III - (To be completed by Police or Juvenile Agency)					
The person described above, who claims to have resided at the address shown above, has applied for enlistment in the Armed Forces of the United States. Please furnish from your files the information relative to Section III below. A return envelope is provided for your convenience.					
12. DOES THE APPLICANT HAVE A POLICE OR JUVENILE RECORD, TO INCLUDE MINOR TRAFFIC VIOLATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, what was the offense or charge, date, disposition and sentence?)					
13. IS APPLICANT NOW UNDERGOING COURT ACTION OF ANY KIND? (If YES, give details.) <input type="checkbox"/> YES <input type="checkbox"/> NO					
THIS IS TO CERTIFY THAT THE ABOVE DATA, AS CORRECTED, ARE TRUE AND CORRECT ACCORDING TO THE RECORD ON FILE IN THIS OFFICE. THIS INFORMATION IS CONFIDENTIAL AND CANNOT BE USED IN ANY OTHER MANNER EXCEPT FOR OFFICIAL PURPOSES.					
14. DATE (YYYYMMDD)		15. TITLE		16. VERIFIED BY (Signature)	
LAW ENFORCEMENT AGENCY MAIL TO:			RECRUITING AGENCY MAIL FROM: I CORPS SHARP PROGRAM BLDG 5164 JBLM, WA 98433		



DEPARTMENT OF THE ARMY
I CORPS SHARP OFFICE
BOX 339500, MAIL STOP 36
JOINT BASE LEWIS-MCCHORD, WASHINGTON 98433-9500

AFZH-CSE

24 MAR 15
Date

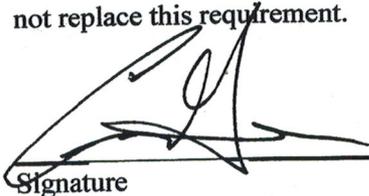
MEMORANDUM FOR Sexual Harassment/Assault Response Program (SHARP) Coordinator, JBLM, WA 98433

SUBJECT: Sexual Harassment/Assault Response Program (SHARP) Practitioner Background Check Authorization

1. I am aware of the selection criteria of being a SHARP. According to HQDA EXORD 221-12 dated 2012 and HQDA EXORD 161-13 dated 07 June 2013, I meet the criteria of:

- a. No history of domestic abuse.
- b. No severe personal problems.
- c. No significant indebtedness.
- d. No history of excessive use of alcohol.
- e. No history of use of illegal drugs.
- f. Not being punished under UCMJ in previous 5 years.

2. I voluntarily submit my name and Social Security number for a background check for the following agencies; **Army Substance Abuse Program (ASAP), Criminal Record Center (CRC), Criminal Investigation (CID), National Sex Offender Registry WWW.NSOPW.GOV, Local/State Police Checks (a minimum 2 years residency), and the Family Advocacy Program Central Registry (FAP/ACR)**. All six checks are required to ensure a complete screening to verify that I meet the standards of AR 600-20, 8-6 and HQDA EXORD 161-13. A completed Security Clearance Background check does not replace this requirement.



Signature

FULL Social Security Number

DOB: yyymmdd

Guerrero, Cassandra
Printed Name

ACO 296 3-2
Unit

cassandra.l.guerrero@mil
Email

717 200 1
Phone Number

VICTIM ADVOCATE AND SUPERVISOR STATEMENTS OF UNDERSTANDING

PRIVACY ACT STATEMENT

AUTHORITY: Section 301 of Title 5 U.S.C. and Chapter 55 of Title 10 U.S.C.

PRINCIPAL PURPOSE(S): Information on this form will be used to document elements of the sexual assault response and/or reporting process and comply with the procedures set up to effectively manage the sexual assault prevention and response program.

ROUTINE USE(S): None.

DISCLOSURE: Completion of this form is voluntary; however, failure to complete this form with the information requested impedes the effective management of care and support required by the procedures of the sexual assault prevention and response program.

1. VICTIM ADVOCATE STATEMENT OF UNDERSTANDING

I, (Full name) Cassandra Guerrero, have volunteered, been assigned, or hired to be a Sexual Assault Victim Advocate. (Initial those that apply to your category and mark "NA" to those that do not.)

a. ALL VICTIM ADVOCATES

INITIALS	
CG	(1) I understand that as a victim advocate I will handle confidential information of a personal nature.
CG	(2) In restricted reporting, I understand and agree that it is my responsibility to keep all oral, written or electronic communications amongst the victim, myself, and the Sexual Assault Response Coordinator (SARC) confidential, unless the victim authorizes disclosure in writing or another exception applies. In unrestricted reporting, I understand and agree with the above unless there is a request from someone with an official need to know.
CG	(3) I understand that improper disclosure of any communications, whether under restricted or unrestricted reporting, will result in removal as a victim advocate and may also result in disciplinary actions under the Uniform Code of Military Justice, or other adverse personnel or administrative actions.
CG	(4) I understand that any time I am performing duties in support of victim advocacy, I report directly to a Sexual Assault Response Coordinator (SARC).
CG	(5) I understand I may be on call and required to respond in person when on call. I acknowledge that if I am unable to be reached or do not respond while on call, I can be removed as a victim advocate.
CG	(6) I understand I am expected to attend or participate in monthly case management meetings for any case for which I am the assigned victim advocate.
CG	(7) I understand that, if a case proceeds to an Article 32, UCMJ investigative hearing or a court-martial, I may have to accompany the victim during the duration of the hearing/trial. I understand that I may be called to testify in such a hearing.
CG	(8) Prior to my serving as a victim advocate, I understand that I am required to complete all required Victim Advocate training.

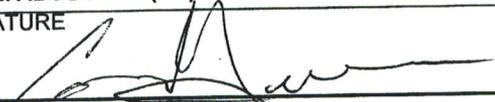
b. ADDITIONAL AGREEMENTS FOR VOLUNTEER SERVICE AND COLLATERAL DUTY

CG	(1) I understand that this collateral duty may impact my normal duty responsibilities.
CG	(2) I understand that a Sexual Assault Response Coordinator (SARC) will discuss my collateral duty as a victim advocate with my Supervisor prior to my serving as a Victim Advocate.
CG	(3) I understand that voluntary service to be a victim advocate to provide assistance to victims of sexual assault does not include the provision of counseling services to victims.

b. ADDITIONAL AGREEMENTS FOR VOLUNTEER SERVICE (Continued)

INITIALS	(4) I understand that there is no monetary compensation for this service. Volunteers accrue no rights, privileges, or benefits of Federal employment, other than: Subchapter I of Chapter 81 of Title 5, United States Code (work related injuries compensation); Section 2733 of Title 10, United States Code; Chapter 171 of Title 28, United States Code (damages or loss claims); Section 522a of Title 5, United States Code (maintenance of records on individuals); Chapter 11 of Title 18, United States Code (conflicts of interest). Volunteers are not considered Federal employees for any other purpose (ensures compliance with Section 1588d of Title 10, United States Code).
CG	
CG	(5) I understand that volunteer service confers neither civil service status nor any entitlement to future employment with any Federal agency, department, or organization.
CG	(6) I understand that volunteer service may be terminated at any time at the discretion of the Service leadership.
CG	(7) I understand that volunteer service may not be used as an alternative to paid employment for the volunteer or any other person.

2. VICTIM ADVOCATE (VA)

a. SIGNATURE	b. DATE (YYYYMMDD)
	20150324

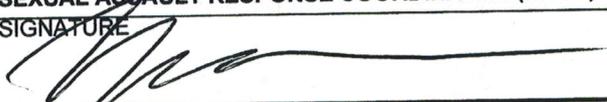
3. SUPERVISOR STATEMENT OF UNDERSTANDING

AS	a. I understand if the VA is responding after duty hours on a case, it may impact his/her ability to report to work the following morning.
AS	b. I also understand that the VA may have to accompany victim to various other referral appointments, and if a case proceeds to an Article 32, UCMJ, investigative hearing or a court-martial, the VA may be absent from the work area for the duration of the hearing/trial.
AS	c. I understand that I will be informed of any absences from the work center as soon as possible.
AS	d. I understand the VA will not report any details of the case to me, nor will I ask them for any details.
AS	e. I understand the responsibilities of the VA and am willing to support them.
AS	f. If I should encounter any problems or concerns, I may contact the SARC.

4. SUPERVISOR

a. PRINTED NAME (Last, First, Middle Initial)	b. SIGNATURE	c. DATE (YYYYMMDD)
Zimmer, Justin M.		20150327

5. SEXUAL ASSAULT RESPONSE COORDINATOR (SARC)

a. SIGNATURE	b. DATE (YYYYMMDD)
	20150327

National Sex Offender Search Results

0 records from a national search including all states, territories and Indian Country for First Name like *cassandra*, Last Name like *guerrero*

Search performed 3/24/2015 12:48 PM EDT

California: The request was not completed. The server met an unexpected condition.

3-2 SBCT SHARP
VERIFIED
24 May 2015



DEPARTMENT OF THE ARMY
296 BRIGADE SUPPORT BATTALION
3rd BRIGADE (SBCT), 2ND INFANTRY DIVISION
BLDG 3736, STRYKER AVE
JOINT BASE LEWIS-MCCHORD, WA 98433

REPLY TO
ATTENTION OF:

AFZH-INS-S2

23 March 2015

MEMORANDUM FOR RECORD

SUBJECT: Security Clearance Verification

1. The following individual has the Security Clearance specified below, in accordance with the Joint Personnel Adjudication System (JPAS).

<u>NAME</u>	<u>GRADE/RANK</u>	<u>Parent Company</u>
GUERRERO, CASSANDRA	SFC/E7	A CO, 296 BSB

Clearance Adjudication Determination
TOP SECRET

Date of Investigation Closed
2014 07 16

2. POC for this memorandum is 1LT Ashley L. Hibbison, at 253-967-8292 or ashley.l.hibbison2.mil@mail.mil


ASHLEY L. HIBBISON
1LT, MI
Battalion S2