

**COMMANDING OFFICER'S SCREENING/INTERVIEW GUIDE
MOUNTED COLOR GUARD**

A. PERSONAL INFORMATION									
Rank:		Last Name:		First Name:		M.I.	MOS	Age:	Gender:
PFT/CFT:		INITIAL	RE-CERT	Marital Status (Married/Single):		INITIAL	RE-CERT		
		<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>		
Height/Weight:				Family Members (Number with spouse):					
						<input type="text"/>	<input type="text"/>		
Body Fat(%):				Active Duty Spouse (Y/N):					
						<input type="text"/>	<input type="text"/>		
Duty Status (Full/LD/LIMDU/PEB):				Net Available Funds (See Financial Worksheet):					
						<input type="text"/>	<input type="text"/>		
GT Score:		Highest level of education and PME completed:							
Drivers License (Y/N):		GOV Charge Card (Y/N):		Deployment Return Date (if applicable):					
B. MARINE'S COMMENTS (Comments required for all answers)									
1. State the reasons why you desire to serve with the Mounted Color Guard.									
YES	NO	2. Do you believe you will be a successful stableman? (Note: If the answer is "NO," specifically state the reason)							
<input type="checkbox"/>	<input type="checkbox"/>								
Comments:									
C. GENERAL CRITERIA ASSESSMENT (Comments required for any "YES" answers)									
YES		NO		1. Has the Marine previously been disqualified or found unsuitable for assignment to screenable billets? (Note: If the answer is "YES," specifically state the reason and if the Marine's condition has changed)					
<input type="checkbox"/>		<input type="checkbox"/>							
Comments:									
INITIAL		RE-CERT		2. Has the Marine had any of the following: Civilian or Military Court convictions, Non-judicial Punishments, adverse pg.11(6105) entries, drug related incidents, alcohol related incidents, any sexual harassment/assault related incidents, moral/integrity violations during career or pre-service? (Note: If the answer is "YES," to any of the above, provide copies of the records as it pertains: Court Record, Unit Punishment Book, pg.11 (6105) entries, OR explanation of undocumented events. Provide comments if an exception to policy is recommended for incidents of minor nature or if sufficient time has passed to indicate that the Marine has successfully recovered from adversity)					
YES	NO	YES	NO						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Comments:									
INITIAL		RE-CERT		3. Has the Marine had any Family Advocacy Program (FAP) cases? (Note: Substantiated FAP cases may be disqualifying if families are in treatment. Provide comments if an exception to policy is recommended for cases of minor nature that occurred under 24 months from report date at the Mounted Color Guard)					
YES	NO	YES	NO						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Comments:									

INITIAL		RE-CERT		4. If married or with dependents, does the Marine's family have any of the following disqualifying conditions? (Note: Family members assigned to the Exceptional Family Program (EFMP), or Marine is a single parent and a sole caretaker of children.)
YES	NO	YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

D. MEDICAL ASSESSMENT (Must be conducted by a Medical Officer)

The Marine must be medically and dentally fit. A physical exam must be conducted within 12 months of the class reporting date. DD forms 2807 and 2808 must be completed and provided to the Commanding Officer for final recommendation to the CMC (MMEA). A Medical Officer will certify in block 74a. of DD form 2808 that the Marine is "physically qualified for duty with the Marine Corps Mounted Color Guard.

Marine Corps Mounted Color Guard duty is a high stress environment that requires prolonged work hours and frequent operation of a government vehicle, in addition to working with horses that can be temperamental. Use of blood pressure medications and psychotropic medications is allowed for non-psychiatric reasons (i.e. migraine headaches, hypertension, etc.) if treatment doesn't interfere with the Marine's ability to operate a vehicle safely, adequately perform his duties, deploy, or reenlist. Medical Officer should address all relevant factors when providing recommendation to the Commanding Officer, to include suitability to perform recruiting duties listed in paragraph 1.a, as well as the duties of the Marine's primary specialty, in order to assess the Marine's potential for further service. Medical Officer should address to the Commanding Officer the significance of the condition, duration of the symptoms, resolution through treatment, stability while on medication, and potential medication side effects.

During initial screening, Medical Officer will review records and conduct a personal interview to determine if a mental health evaluation by a mental health professional is deemed appropriate.

INITIAL		RE-CERT		1. Is the Marine fully medically qualified for reenlistment/retention? (Note: Marines selected to serve with the Marine Corps Mounted Color Guard will be required to execute orders to MCLB Barstow, which is a remote and isolated location. MCLB Barstow has no medical or dental support)
YES	NO	YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

INITIAL		RE-CERT		2. Does the Marine have any medical or mental health limitations that would prevent being a successful stableman? If limitation exists, provide approximate date of resolution: _____ (Note: Refer to Chapter 2 for description of duties and Medical Officer Guidance. Marines are expected to be Dental Class II prior to executing orders to MCLB Barstow)
YES	NO	YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

Medical Officer Name and Rank	Signature	Date

Medical Officer Contact Information (Phone/Email)

E. COMMAND ASSESSMENT (Comments required for any "NO" answers)

INITIAL		RE-CERT		1. Does the Marine possess the maturity and good judgment to represent the Marine Corps in an official capacity as a member of the Marine Corps Mounted Guard? ie. Financially stable to be on the road for weeks at a time, responsible when no one is looking, able to portray positive image of the Marine Corps when interacting with the public?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Comments:

INITIAL		RE-CERT		2. Is the Marine able to converse in a clear and logical manner without significant speech impediments? (Note: If "NO" provide a comments whether this will prevent the Marine from being successful as part of the Marine Corps Mounted Color Guard. Marines assigned to this duty are often required to interact with city officials and high ranking personnel)
YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Comments:

INITIAL		RE-CERT		3. Will the Marine have at least 36 months on station when they arrive to Mounted Color Guard?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Comments:

5. Senior Enlisted Advisor Endorsement:

Recommended Not Recommended

Senior Enlisted Advisor Name and Rank	Signature	Date

6. Commanding Officer Endorsement: (Commanding Officer is required to provide comments on any "YES" answers in Section C and any "NO" answers in Section E. Specifically state whether an exception to policy. Review medical documents and Medical Officer's recommendation. If a medical limitation exists, comment whether an exception to policy is recommended due to stability on medications, ability to perform as a stableman, and eligibility for continued service and worldwide deployment. Recommend a deferment date for return to full duty, resolution of family instability, completion of family care plan, initiation of security investigation, and/or return from deployment.)

Recommended Not Recommended

Commanding Officer Name and Rank	Signature	Date

F. RE-CERTIFICATION WITHIN 45 DAYS OF TRANSFER

1. Commanding Officer Endorsement: (Review eligibility criteria within the 45-60 day window preceding the report date to MCLB Barstow. Specifically state whether the Marine's qualifications and recommendations have changed. If an additional exception to policy is required, notification must be sent to CMC (MMEA-25).

Recommended Not Recommended

Commanding Officer Name and Rank	Signature	Date

COMMANDING OFFICER'S FINANCIAL WORKSHEET

A. Personal Information					
Rank:	Last Name:	First Name:	M.I.	MOS	EDIPI (Last 5)
B. Monthly Income (Do Not Include BAH. BAH payments are considered to adequately cover housing expenses for geographical location)					
Income Type		Initial Screening		Re-Certification	
1. Basic Pay					
2. BAS (Monthly) COMRATS					
3. SDA Pay (Refer to reference (c) for current amounts)					
4. Other Income (Type of income: _____)					
5. TOTAL Income					
C. Monthly Mandatory Deductions (Taken from the most current Leave and Earnings Statement)					
Deduction Type		Initial Screening		Re-Certification	
1. Federal Income Tax (FITW)					
2. Social Security					
3. Medicare					
4. State Income Tax (SITW)					
5. Service Members Group Life Insurance (SGLI)					
6. Spouse SGLI					
7. TSGLI					
8. Dental Family					
9. Charitable Donation(s) (sum of all if more than one)					
10. Allotment(s) (sum of all if more than one)					
11. Advance Pay (Enter Balance Here: _____)					
12. Child Support and/or Alimony (If Applicable)					
13. BAS deduction (if applicable)					
14. Total Mandatory Monthly Deductions					
D. Monthly Recurring Bills and Obligated Debts (Do NOT include creditors already listed in mandatory deductions/mortgage/utilities)					
Name of Creditor	Initial Screening		Re-Certification		
	Monthly Payment / Balance Due		Monthly Payment / Balance Due		
1. Car Number 1	/		/		
2. Car Number 2	/		/		
3. Personal Life Insurance	/		/		
4. Credit Card 1	/		/		
5. Credit Card 2	/		/		
6. Credit Card 3	/		/		
7. Credit Card 4	/		/		
9. Loan 1	/		/		
10. Loan 2	/		/		
11. Loan 3	/		/		
13. Other (Explain: _____)	/		/		
14. Total Monthly Recurring Bills and Obligated Debts	/		/		

E. Net Available Funds		
Information	Initial Screening	Re-Certification
1. Total Monthly Income (Block B.5)		
2. Total Mandatory Deductions (Block C.14)		
3. Total Monthly Credit Payments (Block D.14)		
4. NET AVAILABLE FUNDS		
F. Additional Information (The items listed are intended to provide amplification of your financial status)		
	Initial Screening	Re-Certification
1. Savings Account(s) (Current Balance)		
2. Checking Account(s) (Current Balance)		
3. Investment(s) (Current Balance)		
4. TOTAL CURRENTLY AVAILABLE		
5. Spouses Monthly Income		
6. Spouses Occupation		
7. Do you own a house?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
- If yes, provide the purchase date		
- If yes, provide the purchase date		
- If yes, provide the purchase date		
G. Questionnaire		
Read and answer the questions below	Initial Screening	Re-Certification
1. Have you ever filed, or are you in the process of going through any type of bankruptcy proceedings (Chapter 7, 11, 13) and/or debt consolidation and/or financial liquidation?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you ever been denied credit for any reason?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you ever been denied housing as a result of a poor credit rating?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you ever had anything repossessed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Are there any other financial issues that are not covered in this worksheet?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Provide amplifying comments for all "Yes" responses:		
H. Marine Initial Screening (I certify that the financial information provided is true to the best of my knowledge)		
Marine's Name and Rank	Marine's Signature	Date
I. Marine Re-Certification (60 days preceding the report date) (I certify that the financial information provided is true to the best of my knowledge)		
Marine's Name and Rank	Marine's Signature	Date

