IDAHO COUNTERDRUG SUPPORT PROGRAM
MEMORANDUM OF UNDERSTANDING & INFORMED CONSENT

My signature affirms that the Counterdrug Coordinator or designee has disclosed to me the nature and purpose of the National Guard Counterdrug Personnel Integrity program as specified in the CNGBM 3100.01 section 5-5 a. which states "National Guard members participating in the Counterdrug Support Program are required to comply with DoD 5500.7-R Joint Ethics Regulation (JER), and with conflict of interest policies and that my signature gives CDSP Headquarters Staff permission to request information from any IDARNG/IDANG support office or personnel that may be required as part of the CDSP initial and annual screening procedure. I understand that a background check will be conducted to ensure that I am an appropriate representative for the Idaho National Guard Counterdrug Support Program. Screening will consist of, but not be limited to, eligibility for FTNGD tour by normal ARNG/ANG standards, personnel records check, written recommendation by unit commander, favorable interview by CDC or representatives, favorable investigation/security check by LEA's and/or State Security Managers, Police Record check and a current urinalysis report and medical qualification under the Standards of Medical Fitness regulation(s). Additionally, I understand that any information discovered through the screening process will be kept in my personnel information folder located in the CDSP files and will be available to the CDSP headquarters staff for official use only.

I hereby acknowledge that I have volunteered to participate in the Idaho National Guard Counterdrug Support Program in a Title 32 USC Section 112 status and further certify that I meet the following minimum requirements for participation:

a. I have never been convicted of or plead guilty to a felony offense or an equivalent plea, or a drug related offense.

b. I have never been arrested, or convicted, or plead guilty to an alcohol related driving offense.

c. I meet the height, weight, and APFT/PFS requirements of my respective branch of service.

d. I am not currently under any adverse disciplinary or flagged action.

e. I understand I will continue to attend IDT/AT with my unit of assignment.

f. I understand the funding is available from year to year.

g. I am willing to submit to drug testing upon entry. I further understand that I am also subject to random drug testing conducted by my parent unit.

h. I am willing to submit to a polygraph test upon entry into the office of the supported agency and understand continued service is contigent on the results.

_____	_____	_____
Printed Name	Signature	Date