

VFMC Army ROTC Applicant Tattoo Questionnaire

Applicant Last Name, First Name: _____

Do you have any tattoos on or above the neck (above the t-shirt line)? yes no

Do you have any tattoos on or below the wrist? yes no

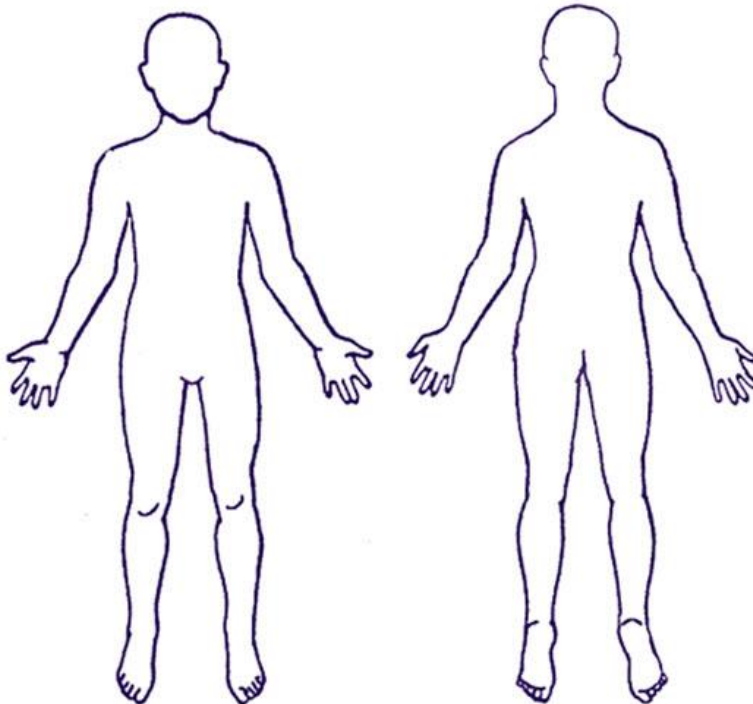
Do you have any tattoos on or below the elbow? yes no

Do you have any tattoos below the knee? yes no

Do you have tattoos anywhere else on your body? yes no (**if not, no further actions are required.**)

How many tattoos all together? _____

Location: Place an "x" on the silhouette below in the area where your tattoo is located. If you have more than one, number them accordingly.



Front

Back

Tattoo Size (in inches): _____
If you have more than one, please number them; example: (1) 3 inches (2) 2.5 inches

Description of tattoo (what does it represent) :

If you have more than one, please number them; example: (1) Mothers name (2) Flower represents peace.

Applicant Signature & Date: _____