

GRILL FLAME VOLUNTEER CONSENT STATEMENT

SGFOIA3

I, JOSEPH W. MCMONEAGLE, [REDACTED],
NAME SSAN

volunteer for INSCOM Project Grill Flame. I understand this program involves training designed to enhance inherent psychic abilities. I consent to this training and willingly volunteer to participate in INSCOM intelligence projects using my psychic abilities. I understand this program deals with mental perceptive abilities beyond the range of the five corporal senses and for this reason an aspect of mental training is involved. I understand that the purpose of this training is to teach me how to discipline my mental perceptive abilities and focus them on data beyond the range of the five corporal senses.

I understand that as a volunteer I may withdraw from the program at any time for any reason. My decision to withdraw from the program will be accepted without controversy.

I understand that for precautionary and screening reasons that I as a GRILL FLAME volunteer must have a Class A physical exam to include a stress EKG prior to beginning training.

NOTE: Physical examination taken within the past 12 months is acceptable.

WITNESS

[Signature]

VOLUNTEER

[Signature]
JOSEPH W. MCMONEAGLE

SECRET

DATA REQUIRED BY THE PRIVACY ACT OF 1974
(5 U.S.C. 552a)

1. Authority: National Records Act, 44 U.S.C. 3102; E.O. 9397, Numbering System for Federal Accounts Relating to Individual Persons, November 22, 1943.
2. Principal Purpose: To maintain a record of those individuals who have or have had access to GRILL FLAME information through the use of their name and/or Social Security Number.
3. Routine Uses: The Social Security Number is to be used to identify the individual, and the information is to be retained strictly within the Program.
4. Mandatory or Voluntary Disclosure: Information is disclosed on a voluntary basis, but withholding information will render it impossible to grant an individual access to or participation in the Program.