DATA REQUIRED BY THE PRIVACY ACT OF 1974, AUTHORITY: 5 USC 301, USC 3013. PRINCIPAL PURPOSE: Identification of participants in the Fort George G. Meade Community Symposium Army Family Action Plan (AFAP). ROUTINE USES: Used to record the names and addresses of attendees at the (AFAP) Conference. Used to contact participants. DISCLOSURE: Disclosure is voluntary. If the requested information is not provided, registration for the conference may not be possible.

Email LISA.WILLIAMS.22@US.AF.mil

Fillable document can be found under the Community Support tab on [www.jointbasemdl.af.mil](http://www.jointbasemdl.af.mil)

**Workshop Participant Information**

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| Salutation: Mr. Mrs. Ms. Miss Rank (or rank of sponsor): \_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_\_\_\_\_Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Primary Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  | Cell Phone:  | Fax:  |

Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
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Rank your top 4 working group preferences for the conference, #1 being your first choice and #4 being your last choice- accommodations will be made to try and meet preferences

Medical/Dental \_\_\_\_\_ Transportation & Employment \_\_\_\_\_ Family Support & Youth \_\_\_\_\_

Force Support \_\_\_\_\_ Facilities & Customer Service \_\_\_\_ Transition & Relocation \_\_\_\_\_

Benefits & Entitlements \_\_\_\_ Education & Consumer Services \_\_\_\_ Housing \_\_\_\_\_

\**Working groups have not been formed so some groups may be adjusted*

**Demographics**

Check all that apply- I am …

 Army Navy

 Air Force Marines

 Coast Guard Female

 Male Single

 Married Single Service Member

 Active Duty (AD) Military Spouse of AD Military

 Mobilized/Activated Reserve Service Member Spouse of Mobilized/Activated Reserve Member

 Reserve Service Member Spouse of Reserve Service Member

 Mobilized/Activated National Guard Service Member Spouse of Mobilized/Activated National Guard

 National Guard Member Spouse of National Guard Member

 Retired Military Spouse of Retired Military

 Civilian Employee Spouse of Civilian Employee

 Dual Military Single Parent

 Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous MFAP Experience**

I have previous MFAP experience at the installation level Yes No

If yes, in what role? Delegate Facilitator Recorder Transcriber Issue Support

Name of Installation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Higher level conference(s): Yes No Conference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year(s): \_\_\_\_\_\_\_\_\_

I am a registered volunteer on the Installation: Yes No