

**USAG KAISERSLAUTERN ARMY FAMILY ACTION PLAN (AFAP) CONFERENCE
27 – 29 October 2010
FACILITATOR/RECORDER/TRANSCRIBER/ISSUE SUPPORT PERSON/ROOM MANAGER
(FRTIR) APPLICATION**

Please complete application legibly in its entirety and ensure name is spelled correctly.

Form must be received by 17 September 2010

1. FIRST NAME: _____ MI: _____ LAST: _____
MAILING ADDRESS _____
CITY: _____ STATE: _____ ZIP: _____
EMAIL: _____
PHONE: (HOME) _____ (WORK) _____ (CELLULAR) _____

Please complete for demographic purposes.

<p>2. <u>YOUR MILITARY AFFILIATION?</u> (If not applicable, go to item 3.)</p> <p>a. Are you a: <input type="checkbox"/> Soldier <input type="checkbox"/> Spouse <input type="checkbox"/> Youth <input type="checkbox"/> Retiree <input type="checkbox"/> Parent</p> <p>b. Are you or your sponsor: <input type="checkbox"/> Active-Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard <input type="checkbox"/> Retired</p> <p>c. Branch other than Army: _____</p> <p>d. You or your sponsor's rank _____</p>	<p>3. <u>YOUR DA CIVILIAN AFFILIATION?</u> (Put "X" before correct selection (If Active Duty Military Go to item 4.)</p> <p>a. Are you a: <input type="checkbox"/> DA Civilian Employee <input type="checkbox"/> Spouse of DA Civilian <input type="checkbox"/> Youth of DA Civilian</p> <p>b. Are you or your sponsor <input type="checkbox"/> APF (GM, GS, WG, NSPS) <input type="checkbox"/> NAF (NF)</p> <p>c. Grade/Series: _____</p> <p>d. Job Title: _____</p> <p>e. Are you or your sponsor a retired DA civilian <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. <u>WILL YOU BE UTILIZING THE FUNDED CHILDCARE?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>5. <u>ARE YOU?</u> Dual-Military <input type="checkbox"/> Yes <input type="checkbox"/> No Sole-Parent <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. <u>YOUR PREFERRED ROLE AT THIS CONFERENCE?</u> (Please number in order, your preference for positions.)</p> <p>_____ Facilitator _____ Transcriber _____ Room Manager _____ Recorder _____ Issue Support Person</p> <p>Preference cannot be guaranteed. You will be notified of the role you are selected for, prior to FRTI training. Facilitator requires experience and Facilitator Training, which will be held Oct. 13, 8 a.m. – 5 p.m. with presentations on Oct. 14, 8 a.m. – 12 p.m. Transcribers requires ability and skill with both MS Word and MS Power Point. Training for all positions is provided and is Mandatory.</p>	<p>7. <u>HAVE YOU EVER PARTICIPATED IN AN AFAP CONFERENCE?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Installation level/where: _____ What year (s) _____ MACOM Level/where: _____ What year (s) _____ DA level/where _____ What year (s) _____ Other (list); what year (s) _____</p>



FRTIR volunteers are required to be present all three days of conference
Mandatory FRTI training will be held in Bldg. 2917 ACS Training Room (Rm 205)
19 October, 9:30 a.m. – 2:30 p.m.

Please be as specific as possible.

8. DESCRIBE YOUR FACILITATOR/RECORDER/TRANSCRIBER ISSUE SUPPORT OR CONFERENCE EXPERIENCE

DA level experience:

MACOM level experience

Installation Level experience

Other experience

9. LIST ANY FRTI TRAINING YOU HAVE RECEIVED

<u>Location</u>	<u>Dates</u>
1. _____	_____
2. _____	_____
3. _____	_____

10. COMPUTER SKILLS/SOFTWARE KNOWLEDGE

(Circle correct selection)

Personal Computer Word for Windows Power Point Excel Other _____

11. REFERENCES:

1. _____	_____	_____
Name	Position	Telephone
2. _____	_____	_____
Name	Position	Telephone

By signing below, applicant agrees to attend AFAP Conference FRTI training and to provide volunteer service by participating in the AFAP conference following completion of the FRTI Training.

SIGNATURE: _____ DATE: _____
 (If completing electronically, type in: "Terms agreed" in place of signature)

USAG Kaiserslautern AFAP Program Manager or conference staff verifies applicant was informed of commitment to attend AFAP Conference FRTI training and to provide volunteer services after having completed the Training.

SIGNATURE: _____ DATE: _____
 (If completing electronically, type in: "Confirmed by: AFAP Program Manager name" in place of signature)

Please return completed form to AFAP Office located on Pulaski Barracks in Building 2917 or via email at
kimberly.s.lazarow@eur.army.mil

AFAP Office: 493-4357 or 0631-3406-4357



ROUTINE USES: Used to record the names and addresses of attendees of the Army Family Action Plan Conference. Form is used to contact participants.
DISCLOSURE: Disclosure is voluntary

Created 9 June 09