



Facilitator, Recorder, Transcriber, Issue Support Person (FRTI) Application
ARMY FAMILY ACTION PLAN COMMUNITY SYMPOSIUM

Fort George G. Meade

October 27-28, 2011

(Application Deadline is October 20, 2011)



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.

FRTI Information

Salutation: Mr. Mrs. Ms. Miss **Rank:** _____ **Unit/Org:** _____

Last Name: _____ **First Name:** _____ **MI:** _____

Home Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Primary Email: _____ **Alternate Email:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____ **Fax:** _____

Emergency POC: _____ **Relationship:** _____ **Phone:** _____

Rank your role preference for the conference, with 1 being your first choice and 4 being your last choice.

Role Preference: _____ Facilitator _____ Recorder _____ Transcriber _____ Issue Support

Rating of Computer Skills: Proficient Knowledgeable Novice

I have experience with MS Office for: MS Access MS Excel MS PowerPoint MS Word

Demographics

Check all that apply

I am...

Female

Male

Married

Single

Single Parent

Single Service Member

Active Duty (AD) Military

Spouse of AD Military

Reserve Military

Spouse of Reserve Military

Activated Reserve Military

Spouse of Activated Reserve Military

National Guard (NG) Military

Spouse of NG Military

Retired Military

Spouse of Retired Military

Civilian Employee

Spouse of Civilian Employee

Dual Military

Other
(please specify)

Previous AFAP Experience

I have previous AFAP experience at the....

Installation level. If yes, in what role? Yes No

Delegate Facilitator Recorder Transcriber Issue Support

Name of Installation: _____ Year(s): _____

MACOM level. If yes, in what role? Yes No

Delegate Facilitator Recorder Transcriber Issue Support

Name of MACOM: _____ Year(s): _____

HQDA level. If yes, in what role? Yes No

Delegate Facilitator Recorder Transcriber Issue Support

Year(s): _____

Childcare Requirements

Do you need childcare during the conference? Yes No

Name of Children	Age	Registered with CYS	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Childcare Policy for AFAP Conference

- Paid childcare at the Fort George G Meade Development Center is available on a first-come, first-serve basis. Early application is highly recommended. Community Symposium Staff will make childcare reservations for your child(ren), upon your selection as a FRTI.
- Please ensure your child(ren) is registered with CYS Central Registration before the conference dates.
- Attendance will be taken for each session of the conference. The CDC will be notified if a FRTI with childcare reservations does not attend the conference. The FRTI may be held responsible for childcare costs.