

Chievres/SHAPE Quarterly AFAP Workgroup

FY09 American Family Action Plan

Delegate Application



NAME (LAST) _____ (FIRST) _____

ADDRESS CMR _____ BOX _____ Date(s) Available _____

APO AE _____ 21-Oct _____

PHONE DSN: _____ 17-Feb _____

HOME: _____ 28-Apr _____

CELL: _____ 28-Jul _____

WILL YOU NEED CHILD CARE? YES NO

CHILD'S NAME _____ AGE _____

CHILD'S NAME _____ AGE _____

CHILD'S NAME _____ AGE _____

WHICH UNIT WILL YOU REPRESENT? _____

MILITARY OR DA CIVILIAN AFFILIATION: (CHECK ALL THAT APPLY.)

ACTIVE DUTY RANK: _____

RESERVE RANK: _____

NATIONAL GUARD RANK: _____

CIVILIAN EMPLOYEE GRADE: _____

RETIRED RANK: _____

SPOUSE YOUTH **>** IF YOU ARE A SPOUSE OR CHILD, CHECK THE ONE BOX ABOVE THAT BEST DESCRIBES YOUR SPONSOR AND FILL IN RANK OR GRADE.

MARITAL STATUS: FAMILY TYPE:

SINGLE DUAL MILITARY

MARRIED SINGLE PARENT

WIDOW/WIDOWER OTHER

HAVE YOU PARTICIPATED IN A AFAP CONFERENCE IN THE PAST?

NO YES

WHEN? _____

WHERE? _____

POSITION? DELEGATE TRANSCRIBER

FACILITATOR ISSUE SUPPORT PERSON

RECORDER SUBJECT MATTER EXPERT

HAVE YOU SEEN THE ADVERTISEMENTS (TO INCLUDE THE ISSUE DROP BOXES) FOR THE AFAP CONFERENCE?

NO YES

EMAIL ADDRESS: _____