

USARC AFAP Virtual Focus Group Selection Form

GENERAL INFORMATION	ATTENDEE INFORMATION
<p style="text-align: center;">(Check aLL that apply)</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Junior Enlisted Soldier</p> <p><input type="checkbox"/> Non-commissioned Officer</p> <p><input type="checkbox"/> Company Grade Officer</p> <p><input type="checkbox"/> Field Grade Officer</p> <p><input type="checkbox"/> Single Soldier Parent</p> <p><input type="checkbox"/> Dual Military Parent Soldier</p> <p><input type="checkbox"/> Retiree</p> <p><input type="checkbox"/> DA Civilian Employee</p> <p><input type="checkbox"/> Survivor (Spouse or Parent)</p> <p><input type="checkbox"/> Junior Enlisted Soldier Family Member</p> <p><input type="checkbox"/> Non-commissioned Officer Family Member</p> <p><input type="checkbox"/> Company Grade Officer Family Member</p> <p><input type="checkbox"/> Field Grade Officer Family Member</p> <p><input type="checkbox"/> Wounded Warrior (WTU affiliation not req)</p> <p><input type="checkbox"/> TPU</p> <p><input type="checkbox"/> AGR</p>	<p>Surname (Mr., Mrs., Miss, Ms.) or Rank:</p> <p>Last Name:</p> <p>First Name:</p> <p>Middle Initial:</p> <p>Functional Command/Readiness Division</p> <p>Personal Contact #:</p> <hr/> <p>Home Address:</p> <p>City:</p> <p>State:</p> <p>Zip Code:</p> <p>Email Address:</p> <hr/> <p>Work Address:</p> <p>City:</p> <p>State:</p> <p>Zip Code:</p> <p>Commercial Phone Number:</p> <p>DSN Phone Number:</p> <p>Email Address:</p> <hr/> <p>Rank of Military Sponsor (If Family member):</p>

AFAP EXPERIENCE/BACKGROUND (HELPFUL BUT NOT REQUIRED)

Indicate your experience and participation in prior Command/Unit, Army Reserve and/or DA AFAP Conferences:

Command/Unit Level	Army Reserve Level	Department of the Army (DA) Level
Capacity/Role:	Capacity/Role:	Capacity/Role:
Year:	Year:	Year:
Command/Unit Level:	Army Reserve Level	Department of the Army (DA) Level
Capacity/Role:	Capacity/Role:	Capacity/Role:
Year:	Year:	Year:

ORIENTATION TELECONFERENCE INFORMATION

Please check below to identify location where you will participate in the teleconference

HOME _____ UNIT _____ OFFICE _____

SIGNATURE: FOCUS GROUP SELECTEE/DATE _____

SIGNATURE : COMMAND POC/DATE _____

DATA REQUIRED BY THE PRIVACY ACT OF 1974, AUTHORITY 5USC301, USC 3013 PRINCIPLE PURPOSE:

Identification of participants in the Army Family Plan (AFAP) Focus Group. ROUTINE USERS: Used to record the names and addresses of participants supporting as AFAP Focus Group members. Used to periodically contact participants and prepare a directory which will be distributed to attendees and command personnel for network purposes. Disclosure is voluntary. If the required information is not provided, participation and inclusion in the focus group directory may not be possible.