

APPLICATION TO VOLUNTEER AS A USS RONALD REAGAN (CVN 76) OMBUDSMAN	
Date:	
PRIVACY ACT STATEMENT	
AUTHORITY: Section 1588 of Title 10, U.S. Code, and E.O. 9397	
PRINCIPLE PURPOSES(S): to document voluntary services provided by an individual, including the hours of service performed, and to obtain agreement from the volunteer on the conditions for accepting the performance of voluntary service.	
ROUTINE USERS(S): None	
DISCLOSURE: Voluntary; however failure to complete the form may result in an inability to accept voluntary services or an inability to document the type of voluntary services and hours performed.	
GENERAL INFORMATION	
1. NAME (Last, First, MI):	2. SOCIAL SECURITY NUMBER:
3. PHONE NUMBER:	4. E-MAIL:
5. NAME OF SPOUSE:	6. MAILING ADDRESS:
7. EMERGENCY CONTACT NAME (Last, First, MI):	8. EMERGENCY CONTACT NUMBER:
9. EMPLOYER NAME:	10. YOUR POSITION:
BACKGROUND INFORMATION	
11. DO YOU HAVE A VALID SOFA DRIVER'S LICENSE?	12. EXP. DATE (DD/MM/YYYY)
13. WITH THE EXCEPTION OF MINOR TRAFFIC VIOLATIONS, HAVE YOU EVER BEEN CONVICTED OF, OR ARE YOU CURRENTLY CHARGED WITH ANY MISDEMEANORS OR FELONIES? (If Yes, please explain on the back of this page) <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. ANY PRIOR SUBSTANTIATED FAMILY ADVOCACY INVOLVEMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
15. DO YOU GIVE PERMISSION FOR THE NAVY TO DO A FAMILY ADVOCACY REFERENCE CHECK? <input type="checkbox"/> Yes <input type="checkbox"/> No SIGNATURE OF APPLICANT:	
DO NOT WRITE IN THIS SPACE FOR FAMILY ADVOCACY SPECIALIST COMMENT ONLY: <input type="checkbox"/> Yes <input type="checkbox"/> No CONTACT FOR ADDITIONAL GUIDANCE	
FAS SIGNATURE:	DATE:
PREVIOUS OMBUDSMAN/RELATED EXPERIENCE	
16. HAVE YOU PREVIOUSLY COMPLETED OMBUDSMAN BASIC TRAINING? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DATE COMPLETED	LOCATION OF TRAINING

17. PLEASE LIST YOUR PREVIOUS FIVE DUTY STATIONS (SUBMIT ALL IF LESS THAN FIVE)

COMMAND	DATES (MM/YYYY-MM/YYYY)	LOCATION
1		
2		
3		
4		
5		

18. HAVE YOU EVER BEEN AN OMBUDSMAN BEFORE? Yes No

If Yes, list below:

COMMAND	DATES	REASON FOR LEAVING

19. OTHER TRAINING EXPERIENCE THAT WILL HELP YOU PERFORM THE DUTIES AS AN OMBUDSMAN?

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20. WHY DO YOU WANT TO BE A USS RONALD REAGAN OMBUDSMAN?

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MEDICAL HISTORY

21. DO YOU HAVE ANY MEDICAL PROBLEMS THAT MIGHT RESTRICT YOU FROM PERFORMING NECESSARY DUTIES (CAN REQUIRE COMING ONBOARD USS RONALD REAGAN TO GIVE A BRIEFING):

Yes No If Yes, please explain:

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REFERENCES

22. LIST ANY REFERENCES. INCLUDE NAME, E-MAIL ADDRESS AND PHONE NUMBER. MEMBERS OF YOUR FAMILY AND INDIVIDUALS WHO RESIDE IN THE SAME HOUSEHOLD MAY NOT BE USED AS REFERENCES. PLEASE ADVISE YOUR REFERENCES THAT THEY MAY BE CONTACTED BY THIS COMMAND. REFERENCES MAY INCLUDE MEMBERS OF THIS OR FORMER COMMANDS AS WELL AS EMPLOYER, FORMER EMPLOYER, ETC.

