



FY 16 USAG Yongsan Army Family Action Plan Conference  
 6-8 October 2015  
**DELEGATE APPLICATION**  
 Due to ACS 23 September 2013

**DELEGATE INFORMATION** Print in ALL CAPS or Type Clearly

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Salutation (Mr, Mrs, Ms, Miss, Rank, Title) \_\_\_\_\_ Last 4 SSN \_\_\_\_\_

Name as you want it to appear on your name tag \_\_\_\_\_

Primary Email \_\_\_\_\_ DEROS \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Unit \_\_\_\_\_ Building Location \_\_\_\_\_

Mailing Address \_\_\_\_\_ APO, AP Zip \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Telephone \_\_\_\_\_

**DELEGATE DEMOGRAPHIC CATEGORY** Print in ALL CAPS or Type Clearly

What demographic category do you represent? **(Check all that apply)**

- Officer                      Specify Rank \_\_\_\_\_                      Specify Branch \_\_\_\_\_
- Enlisted                      Specify Rank \_\_\_\_\_                      Specify Branch \_\_\_\_\_
- BOSS Representative
- Dual Military                      Specify your Rank \_\_\_\_\_                      Specify Branch \_\_\_\_\_
- Spouse, Officer                      Specify Sponsor's Rank \_\_\_\_\_                      Specify Branch \_\_\_\_\_
- Spouse, Enlisted                      Specify Sponsor's Rank \_\_\_\_\_                      Specify Branch \_\_\_\_\_
- DA Civilian                      Specify Grade \_\_\_\_\_                      Specify Section \_\_\_\_\_
- Spouse, DA Civilian                      Specify Sponsor's Grade \_\_\_\_\_                      Specify Section \_\_\_\_\_
- Retiree or Retiree Spouse Specify Rank \_\_\_\_\_                      Specify Branch \_\_\_\_\_
- Youth in Grades 10 – 12                      Specify School/Grade \_\_\_\_\_                      Sponsor's Rank/Grade \_\_\_\_\_
- Reservist                      Specify Rank \_\_\_\_\_                      Specify Branch \_\_\_\_\_

What unit do you represent? \_\_\_\_\_

DATA REQUIRED BY THE PRIVACY ACT OF 1974; AUTHORITY: 5 USC 301, 10 USC 3013. PRINCIPAL PURPOSE: Identification of participants in the Army Family Action Planning Conference. ROUTINE USES: Used to record the names and addresses of attendees at the Army Family Action Plan Conference. Used to contact participants. DISCLOSURE: Disclosure is voluntary.

**AFAP BACKGROUND** Print in ALL CAPS or Type Clearly

Indicate the year(s) and role(s) in which you previously participated in an Army Family Action Plan Conference

AFAP LEVEL	LOCATION	YEAR	ROLE
Installation			
Installation			
MACOM (Mid-Level)			
MACOM (Mid-Level)			
HQDA	----		
HQDA	----		

**PLEASE DO NOT WEAR UNIFORM OR JEANS TO THE CONFERENCE OR TRAINING—DRESS IS BUSINESS CASUAL FOR ALL SESSIONS**

**Applications from Servicemembers and DA Civilians must be signed by the applicant's supervisor before submitting to the local Army Family Action Plan (AFAP) Program Manager—supervisor signature not required of Family Members or Retirees**

**APPLICANT OVER 18 AND SUPERVISOR SIGNATURES**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Name (Print in ALL CAPS or Type Clearly) \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Rank \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

**APPLICANT UNDER 18 SIGNATURE** DA Form 5671 will be provided by ACS if selected

I understand and acknowledge that I will be required to submit a completed and signed Parental Permission (DA Form 5671, July 2003) to Army Community Service, USAG Yongsan, prior to the conference to participate.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN COMPLETED APPLICATION TO AFAP PROGRAM MANAGER, USAG YONGSAN ARMY COMMUNITY SERVICE, BUILDING 4106**

Garrison AFAP Program Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Annex D FY16 USAG Yongsan AFAP Delegate Application**