

**ARMY FAMILY TEAM BUILDING (AFTB)
REGISTRATION FOR DEPARTMENT OF ARMY-FUNDED TRAINING
CONTRACT PERSONNEL**

For use of this form, see AR 608-48; the proponent agency is OACSIM

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301, Departmental Regulations; 10 U.S.C. 3013, Secretary of the Army; Army Regulation 608-48, Army Family Team Building Program; and E.O. 9397 (SSN)

PRINCIPAL PURPOSE: To improve documentation for overall readiness of the Army through education for contract personnel.

ROUTINE USES: None. The "Blanket Routine Uses" set forth at the beginning of the Army's Compilation of system of Records Notices apply to this system.

DISCLOSURE: Voluntary. However, failure to provide all the requested information may prevent you from meeting your educational needs and family readiness enhancement.

1. COURSE TITLE		2. COURSE DATES		
3. NAME (<i>Last, First, MI</i>)		4. SOCIAL SECURITY NUMBER (Do not use sponsor's Social Security Number)		
5. MAILING ADDRESS		6. CITY	7. STATE	8. ZIP CODE
9. HOME PHONE	10. WORK PHONE		11. EMAIL ADDRESS	
12. YOUR COMMERCIAL FAX NUMBER		13. DSN		
14. REGION/MACOM		15. STARC		16. RSC
17. INSTALLATION/COMMUNITY		18. UNIT		
19. ARE YOU A CONTRACTOR? <div style="text-align: center; margin-top: 10px;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div>				
20. TRAVELING FROM		21. TRAVELING TO		
22. CHECK MODE OF TRAVEL <div style="text-align: center; margin-top: 10px;"><input type="checkbox"/> AIRPLANE <input type="checkbox"/> PRIVATE AUTO <input type="checkbox"/> TRAIN <input type="checkbox"/> BUS</div>				
23. HOW MUCH IS YOUR ROUND TRIP PLANE/TRAIN/BUS FARE?		24. IF TRAVELING BY AUTO, ESTIMATE YOUR ROUND TRIP MILEAGE		

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CONTRACT PERSONNEL (continued)**

GOVERNMENT CONTRACTORS MUST COMPLETE THE FOLLOWING.

25. RESOURCE MANAGER'S NAME (RECEIVING MIPR FROM CFSC)	26. OFFICIAL DUTY MAILING ADDRESS
27. DSN TELEPHONE NUMBER	28. COMMERCIAL TELEPHONE NUMBER
29. DSN FAX NUMBER	30. COMMERCIAL FAX NUMBER

TO BE COMPLETED BY MASTER TRAINER APPLICANTS

31. HOW MANY AFTB LEVEL CLASSES HAVE YOU ATTENDED?	32. HOW MANY AFTB LEVEL CLASSES HAVE YOU TAUGHT?
33. HAVE YOU ASSISTED IN YOUR LOCAL AFTB INSTRUCTOR TRAINING PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO	
34. RATE YOUR AFTB EXPERIENCE LEVEL <input type="checkbox"/> HIGH <input type="checkbox"/> MODERATE <input type="checkbox"/> NEW	

TO BE COMPLETED BY APPLICANTS FOR MASTER TRAINER PROFESSIONAL DEVELOPMENT

35. DATE OF MASTER TRAINER COURSE (YYYYMMDD)
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TO BE COMPLETED BY APPLICANTS FOR PROGRAM MANAGER COURSE

36. DATE YOU BECAME A PROGRAM MANAGER (YYYYMMDD)	37. DATE OF MASTER TRAINER COURSE (YYYYMMDD)
38. RATE THE LEVEL OF ACTIVITY OF YOUR PROGRAM <input type="checkbox"/> HIGH <input type="checkbox"/> MODERATE <input type="checkbox"/> NEW	

APPLICATION VERIFICATION

39. I understand this training is funded by the Department of Army. I certify that I am eligible to attend the training. I understand that this training is not free and is funded by the U.S. Army Community and Family Support Center.

a. SIGNATURE OF APPLICANT	b. DATE (YYYYMMDD)
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STAFF ENDORSEMENT

40. I have discussed the criteria and the expectations for attending this course and I fully endorse this applicant to represent this community and attend this training.

a. PRINTED NAME OF LOCAL AFTB POC (FAMILY PRGM COORD., IVC, STAFF/VOL MANAGER)	
b. SIGNATURE	c. DATE (YYYYMMDD)