

# SOCPAC

Date:

## Family Readiness Group (FRG) Registration Form

Email completed form to: [angela.poulain.ctr@pacom.mil](mailto:angela.poulain.ctr@pacom.mil)

<b>Name:</b>				<b>Rank:</b>		<b>Branch of Service:</b>						
						Army		Air Force		Marine	Navy	
<b>What SOCPAC Directorate are you assigned to? Date Assigned:</b>												
SOJ00		SOJ1		SOJ2		SOJ3		SOJ4		SOJ5		
								06/07/08		SOLE-H		
Mailing address:						Home Phone:		Work Phone:		Cell Phone		
						Spouse Cell Phone:						
<input type="checkbox"/> OFF POST <input type="checkbox"/> ON POST: Hickam   AMR   Ft Shafter   Schofield   Other:												
<b>Marital Status:</b>												
Married			Spouse Name:									
Single												
Single Parent												
Married and Geographically Separated												
If geographically separated from spouse list spouse address & phone contact information here:												
Yes	No	Do you have children?										
Names of Children:			Relationship		Age		Names of Children			Relationship		Age
1							4					
2							5					
3							6					
Yes	No	Is English the primary language spoken at home?										
If no, what language is most often spoken?												
<b>FRG Feedback</b>												
Yes	No	Does your spouse have "Family Readiness Volunteer Experience?"										
check all that apply:				Key Caller		Baby Sitting		Hospitality		Planning		
				Treasurer		Secretary		Events		Fundraising		
Other Experience:												
Yes	No	Are you or your spouse willing to volunteer with the FRG?										
Yes	No	Do you or your spouse wish to be on the FRG Email distribution list so that you receive FRG calendar events and the monthly newsletter?										
		Your Email:										
		Spouse Email:										
Yes	No	Do you or your spouse want to receive a hard copy of the monthly newsletter?										
What are your expectations of the FRG?												

**Emergency Contact Information and Chain of Concern Roster**

Other than your spouse, who would you like contacted in case of an emergency involving yourself?

Name:	Relationship:	Phone:
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If something happens to your spouse, is there someone on the island you would like to be contacted to be with you? If so, please give the following information:

Name:	Relationship:	Phone:
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The SOCPAC Chain of Concern was established to assist in dealing with various situations that may occur during a sponsor's absence. Monthly or more frequent contact reduces social isolation and helps new spouses build friendships. The Chain of Concern roster is one of the most efficient ways of getting the correct information to your spouse in a timely manner and getting them assistance when unforeseen problems arise. Participation is not mandatory. However, the purpose of the Chain of Concern is to keep your spouse informed with the most up-to-date information available concerning the unit. More importantly, it is a means of emergency notification.

<input type="checkbox"/>	<input type="checkbox"/>	<b>Do you want your spouse listed on the Chain of Concern Roster</b>
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Remarks and any additional information you feel that the Family Readiness Group Coordinator should be aware of (example: pregnancy, illnesses, special needs, etc.)

**Privacy Act Statement**

**Authority:** 10 U.S.C., Section 3013  
**Principal Purpose:** Information will be used to provide support, outreach and information to family members prior to and during periods of family separations.  
**Routine uses:** None  
**Mandatory or Voluntary Disclosure and Effect on Individual Not Providing Information:**  
**Disclosure is voluntary. Nondisclosure could affect the speed in which necessary services are provided to the family member by community resource agencies.**