

**APPLICATION TO VOLUNTEER FOR
NCBC GULFPORT OMBUDSMAN ASSEMBLY CHAIRPERSON**

Personal Data: _____ Date: _____
Name (last, first, middle): _____
SSN: _____ Phone #: _____
Name of Spouse: _____ SSN: _____
Mailing Address: _____
Employer: _____ Position: _____
Address: _____
Work PH #: _____ ; _____ Immediate Supervisor: _____
Work Hours: _____

Background

1. Do you have a valid driver's license?
Please Circle: Yes or No
Issuing State: _____ License No: _____
Exp. Date: _____

2. 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 back of this page.)
Please Circle: Yes or No

3. Any prior substantiated Family Advocacy involvement?
Please Circle: Yes or No

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Previous Ombudsman/Related Experience

1. Have you ever been a Command Family Ombudsman before?

Please circle: Yes or No

If yes: Command: _____ Dates of Assignment: ____

Reason for leaving: _____

Command: _____ Dates of Assignment:

Reason for leaving: _____, _____

2. Have you previously completed Ombudsman Basic Training?

Please Circle: Yes or No

Date completed: _____

3. Other training/experience that will help you effectively perform the duties of an ombudsman:

Medical History

1. Do you have any medical problems that might restrict you from performing necessary duties? Please Circle: Yes or No

If yes, please explain:

References (please read carefully)

1. List three references. Include name, complete address and phone number of each. 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.

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a. Name: _____ PH#: _____

Address: _____

b. Name: _____ PH#: _____

Address: _____

c. Name: _____ PH#: _____

Address: _____

I hereby certify that all entries on this application are true and complete. I understand that any falsified information or misrepresentation of the facts may result in the denial of selection or revocation of appointment regardless of length of service. I agree to abide by the applicable regulations and policies of Navy Command Family Ombudsman Program as prescribed by OPNAVINST 1750.IE and with the requirements of the Commanding Officer or their duly appointed representative.

Signature: _____ ; _____ Date: _____

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