

APPLICATION COMMAND OMBUDSMAN

FOR OFFICIAL USE ONLY

Date: _____

Personal Data:

Name (last, first, middle): _____

Phone #: _____ Email: _____

Mailing Address: _____

Employer: _____ Position: _____

Address: _____

Work Phone: _____ Work Hours: _____

Name of Spouse: _____

Background:

1. Do you have a valid driver's license? Yes 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.) Yes No

3. Any prior substantiated Family Advocacy involvement? Yes No

Previous Ombudsman/Related Experience:

1. Have you ever been a Command Family Ombudsman? Yes 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? Yes No

Date completed: _____

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

Ability to Perform Duties:

Do you have any medical problems or other limitations that might restrict you from performing necessary duties? (Depending on the command, can require going aboard ship or boat):

Yes No

If yes, please explain: _____

References: (please read carefully)

List three references. Include name, complete address, phone number, and email of each. 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. Members of your family and individuals who reside in the same household may not be used as references.

Name: _____

PH#: _____ Email: _____

Address: _____

Name: _____

PH#: _____ Email: _____

Address: _____

Name: _____

PH#: _____ Email: _____

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 1750.1F and with the requirements of the commanding officer or their duly-appointed representative.

Signature: _____ Date: _____

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