

# Family Member Information Survey

The mission of the Family Readiness Group is to provide you with a network of communication and support. You will receive information by phone, email and through newsletters. In addition, you will be invited to attend monthly meetings with guest speakers and fun activities. Please fill out this form to help us build a strong FRG. If the soldier is filling out the form on behalf of the family member, the FRG will contact the family member to verify the information. Participation in the FRG is voluntary and confidential, and any information provided will be used for FRG purposes only. When the unit is scheduled to deploy, we will ask you to update the following.

## 1. Family Member Information

Name: \_\_\_\_\_ Phone Number: \_ (\_\_\_\_) \_\_\_\_\_

Alternate Phone: \_ (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthday: \_\_\_\_\_ Anniversary: \_\_\_\_\_

Name of Sponsor/Soldier: \_\_\_\_\_ Unit: \_\_\_\_\_ Rank: \_\_\_\_\_

Does the family member reside with the sponsor? ☐ Yes ☐ No

## 2. Children's Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School/Daycare: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School/Daycare: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School/Daycare: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School/Daycare: \_\_\_\_\_

Are you or your spouse expecting a baby? If so, when is the due date? \_\_\_\_\_

## 3. Emergency Information (to be filled out by the spouse/family member)

Who can we call in the event of an emergency? Please list a relative, friend, neighbor, etc. Do not list your soldier spouse.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

List any special needs you or your family may have (such as a disability, serious illness, language barrier, etc.) \_\_\_\_\_

Please list number and types of household pets: \_\_\_\_\_

Check the ones you currently have: ☐ Military ID Card ☐ Power of Attorney ☐ Driver's License  
☐ Regular Access to a Vehicle ☐ Passport

**4. FRG Related Information—Please check all that apply:**

I would like to be contacted with FRG-related information by: ☐telephone ☐email ☐mail.

I give my permission to be published in the FRG Roster which will be used only by officials and members of the FRG for related purposes. ☐Yes ☐No

When is the best time to call you? ☐ 9am-11am ☐ 1pm-3pm ☐ 7pm-9pm

Please provide your email address if you would like to be included in our email distribution list to receive updates on unit and community events and activities as well as the FRG newsletter.

Email: \_\_\_\_\_

What topics/activities would you like to see discussed or planned for the FRG?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Community Resources | <input type="checkbox"/> Preparing for Deployment | <input type="checkbox"/> Job/Volunteer Opportunities |
| <input type="checkbox"/> Chaplain's Programs | <input type="checkbox"/> Legal Services           | <input type="checkbox"/> Financial Information       |
| <input type="checkbox"/> Holiday Events      | <input type="checkbox"/> Ball/Formal              | <input type="checkbox"/> Activities for the Kids     |
| <input type="checkbox"/> Sports              | <input type="checkbox"/> Fundraisers              | <input type="checkbox"/> Social Activities           |

The FRG is run by volunteers—would you like to help with any of the following (note: the FRG will provide training/orientation for all of its volunteers):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Making Phone Calls  | <input type="checkbox"/> Planning Events | <input type="checkbox"/> Welcome/Hospitality/Meals |
| <input type="checkbox"/> Fundraising   | <input type="checkbox"/> Newsletter      | <input type="checkbox"/> Childcare                 |
| <input type="checkbox"/> I am unable to volunteer at this time, but please keep me in mind at later dates. |  |  |

**Additional Information** (is there anything else you would like us to know about?):

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The information above is correct to the best of my knowledge. I will try and do my part by informing the FRG of any changes.

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

**PRIVACY ACT STATEMENT**

Authority: 10 U.S.C. Section 3010, 5 U.S.C. 522a

Principle Purpose Information will be used to provide support, outreach and information to family members.

Routine Uses: Primary Use of this information is to facilitate volunteers in providing command information to family members concerning unit events and in emergencies.

Mandatory or Voluntary Disclosure: Voluntary