

**COMMANDER, NAVY INSTALLATIONS COMMAND  
CERTIFIED OMBUDSMAN TRAINER COURSE APPLICATION**

*(Read Privacy Act Statement and Instructions before completing form)*

PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 5013, Secretary of the Navy; OPNAVINST 1750.1G CH-1, Navy Family Ombudsmen Program; OPNAVINST 1750.1G CH-1, Navy Family Ombudsman Program Manual; SORN N01750-1, Navy Ombudsman Registry.

**PRINCIPLE PURPOSE:** Serves as the application for the Certified Ombudsman Trainer Course.

**ROUTINE USES:** Used solely for internal purposes by the Ombudsman Training Coordinator.

**DISCLOSURE:** Voluntary. However, failure to provide the requested information may result in the Ombudsman Training Coordinator being unable to contact individual applicants in a timely and efficient manner.

1. NAME: (LAST, FIRST, MIDDLE INITIAL)		2. E-MAIL ADDRESS:		
3. ADDRESS:				
4. CITY:		5. STATE:	6. ZIP CODE:	
7. WORK PHONE NUMBER:		8. CELL PHONE NUMBER:		9. HOME PHONE NUMBER:
10. CURRENT COMMAND:		11. COMMAND POC: (NAME)		
12. COMMAND POC PHONE NUMBER:		13. COMMAND POC E-MAIL ADDRESS:		
14. CHECK ANY THAT APPLY TO YOU:	<input type="checkbox"/> OMBUDSMAN (ACTIVE DUTY)	<input type="checkbox"/> OMBUDSMAN ASSEMBLY CHAIRPERSON		
<input type="checkbox"/> FFSC OMBUDSMAN COORDINATOR	<input type="checkbox"/> SENIOR LEADERSHIP SPOUSE	<input type="checkbox"/> OMBUDSMAN (NAVAL RESERVE)		
<input type="checkbox"/> OTHER: (PLEASE EXPLAIN)				
15. HOW LONG HAVE YOU BEEN A MILITARY SPOUSE (IF APPLICABLE)?				
16. HOW LONG HAVE YOU BEEN AN OMBUDSMAN AT YOUR CURRENT COMMAND (IF APPLICABLE)?				
17. HOW LONG HAVE YOU BEEN AN FFSC STAFF MEMBER (IF APPLICABLE)?				
18. ARE YOU REGISTERED IN THE OMBUDSMAN REGISTRY (IF APPLICABLE)?				
19. LIST ALL COMMANDS YOU SERVED AS AN APPOINTED NAVY FAMILY OMBUDSMAN (IF APPLICABLE). INCLUDE DATES SERVED AT EACH:				
20. LIST ALL LEADERSHIP POSITIONS YOU HAVE HELD - INCLUDE CIVILIAN AND MILITARY ORGANIZATIONS:				

21. DO YOU HAVE EXPERIENCE AS AN INSTRUCTOR FACILITATOR? IF YES, PLEASE DESCRIBE YOUR EXPERIENCE:		<input type="radio"/> Yes	<input type="radio"/> No
22. ARE YOU WILLING AND ABLE TO COMMIT TO THE TIME AND TRAVEL THAT MAY BE REQUIRED TO BECOME A TRAINER WITHIN YOUR LOCAL COMMUTING AREA FOR AT LEAST ONE YEAR?		<input type="radio"/> Yes	<input type="radio"/> No
23. PLEASE ADD A BRIEF OVERVIEW OF YOUR EXPERIENCE THAT ILLUSTRATES YOUR IN-DEPTH KNOWLEDGE OF THE OMBUDSMAN PROGRAM:			
24. DATE OF CLASS REQUESTED:	25. LOCATION OF CLASS REQUESTED:		
26. TRAINING SITE POC - FFSC OMBUDSMAN COORDINATOR:	27. TRAINING SITE POC PHONE NUMBER (COMMERCIAL):		
28. TRAINING SITE POC PHONE NUMBER (DSN):	29. TRAINING SITE POC E-MAIL ADDRESS:		
30. PLEASE USE THIS AREA TO PROVIDE ANY ADDITIONAL INFORMATION:			