

Soldiers Last Name _____



42nd CAB Family Readiness Sheet



Name of spouse _____ or

Family member and relationship to soldier: _____

Mailing Address: _____

City State Zip: _____

ARE YOU CLOSER TO BUFFALO ROCHESTER SYRACUSE LATHAM POUGHKEEPSIE NY CITY
THIS IS HELP US ADD YOU TO THE PHONE TREE

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
PLEASE CIRCLE YOUR FIRST PREFERENCE FOR PHONE COMMUNICATION

Email Address: _____

RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS):

2. Full Name and Rank of Soldier: _____

Unit _____ Section _____

Soldiers Birthday _____

Occupation: _____ Location of work: _____ Hours of work: _____

3. Are you married? Yes No Wedding Anniversary _____ Spouse's birthday _____

4. Do you have children? Yes No (circle)

Is your spouse pregnant at this time? Yes No Due Date: _____

Child's Name: _____ Age: _____
School/Day Care/: _____

Child's Name: _____ Age: _____
School/Day Care: _____

Child's Name: _____ Age: _____
School/Day Care: _____

Soldiers Last Name _____

Child's Name: _____
School/Day Care: _____

Age: _____

Child's Name: _____
School/Day Care: _____

Age: _____

5. Does your spouse and or child/children plan to leave the area during a deployment?
Yes No (Circle)

If yes, please provide contact information

Address:

City, State, Zip

Phone Number:

Does your spouse have a driver's license? Yes No

Does your spouse have access to a car? Yes No

What is your spouse's first language? _____ Is an interpreter necessary? Yes No

Are there any family pets in the home? Yes No

If you or your spouse were to get sick or need assistance, who in the **local** area would you like for us to notify? This person should be close to the family and be able to help with the children. This person should be on all paperwork with schools and daycare centers as an emergency contact. This way if your spouse cannot pick up the children, there is a back-up plan already in place and we can notify that person for assistance.

Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Do any of your family members have special needs? YES NO (circle)

Explain:

6. WHAT AREAS OR COMMITTEES ARE YOU WILLING TO VOLUNTEER? (CHECK ALL THAT YOU ARE INTERESTED IN)

Bake sales Finance Hosting a Meeting Fundraising

Social Event Committee Care Team Welcome committee Phone Tree

Other Areas of Interest: _____

Have you helped an FRG before? : _____

WHAT IS THE PREFERRED WAY TO RECEIVE FRG INFORMATION? _____

WHAT DAY WOULD BE BEST FOR YOU TO ATTEND FRG MEETINGS? _____

WHAT TIME OF THE DAY WOULD BE BEST FOR FRG MEETINGS? _____

WOULD YOU NEED CHILDCARE FOR FRG MEETINGS? _____