



Office of Military Community Outreach Resource Request Form

Every request is reviewed and staffed based on its own merit.

Request for Resources

* **Request Date** 06-JAN-2013

* **Date Event Begins**

DD-MON-YYYY

* **Date Event Ends**

DD-MON-YYYY

Submit request form a minimum of **30 calendar days** prior to event

* indicates field must be completed prior to submission

Command/Unit Information

Point of Contact Information (including military or civilian rank)

This should be the person to be contacted to confirm event details

* **Name**

* **Position/Title**

* **Email Address**

* **Email Address (re-enter)**

* **Work Phone**

* **Cell Phone**

* **Military Status of Command/Unit**

If this is an activated Guard or Reserve please choose Guard or Reserve not Active Active Duty Guard Reserve N/A

* **Military Branch of Command/Unit**

Army Navy Marine Corps
Air Force Joint Command N/A

Name/Address of Command/Unit

* **Unit Name**

* **Unit Address**

* **City**

* **State/Territory** [Select State/Territory]

* **Zip Code**

Mailing Address for Event Materials

Copy Address of Command/Unit data from Above

* **Address Line1**

Address Line2

* **City**

* **State/Territory** [Select State/Territory]

* **Zip Code**

Command/Unit Special Circumstances

* **Deployment Status of Unit**

Unit is not in Deployment Status Pre-Deployment/Pre-Mobilization
Deployed/Mobilized Demobilization (Initial Reintegration)
Post-Deployment

* **Length/Dates of most recent deployment**

* **Number of Unit Casualties, if any (e.g. KIA/Wounded/Suicide)**

* **Approx Length/Dates of Planned Deployments**

Programs and Services Requested

For additional information on processing Resource Request Form - [Click here.](#)

Military OneSource Program Overview Training Resource Booth/Table Materials Only

JFSAP MOS supported Yes No

Military Family Life Counselor *Non-Medical Counseling Program Overview Training/Briefings Resource Booth/Table Materials Only

JFSAP MFLC supported Yes No

Number of Adult MFLCs Requested

JFSAP CYB-MFLC supported Yes No

Number of CYB MFLCs Requested

Personal Financial Counselor *Personal Financial Counseling Program Overview Training/Briefings Resource Booth/Table Materials Only

JFSAP PFC supported Yes No

Number of PFCs Requested

Event Information

Attendance Mandatory Yes No

* Total number of Anticipated Attendees

Please identify numbers of service members; family members; and/or children; in the "additional relevant information" text area at the bottom of this form.

Event (Select all that apply)

	Day 1	Day 2	Day 3
Start Time	<input type="text" value="[Select]"/>	<input type="text" value="[Select]"/>	<input type="text" value="[Select]"/>
Stop Time	<input type="text" value="[Select]"/>	<input type="text" value="[Select]"/>	<input type="text" value="[Select]"/>
Facility	<input type="text" value="[Select]"/>	<input type="text" value="[Select]"/>	<input type="text" value="[Select]"/>

Event Coordinator

Complete only if different from Unit POC.

Name

Email Address

Work Phone

* **Type of Event**

Please go [here](#) to submit Children & Youth Camp requests instead of completing this form.

* **Number of Children Attending Event?**

Age 0 - 6 Age 7 - 12 Age 13 - 18

Military Branch of Attendees (select all that apply)

Army Navy Marine Corps Air Force

Military Status of Attendees (select all that apply)

Active Duty Guard Reserve

* **Identify the # of hours you will need resources for each day of service**

Address of Event

* **Address**

* **City**

* **State/Territory**

* **Zip Code**

Event Submitter

Complete only if different from Unit POC and Event Coordinator.

Name

Email Address

Work Phone

* **Please include any additional relevant information**

All changes to the request form MUST be coordinated with OSD POC.



[About MC&FP](#) / [Disclaimer](#) / [DoD No Fear Act](#) / [FOIA](#) / [Privacy & Security](#)



Release 09.11.12.1