



DEPARTMENT OF THE AIR FORCE SURVIVOR ADVOCACY COUNCIL APPLICATION FORM

Apply today to become a Survivor Representative on the Survivor Advocacy Council (SAC). As a Survivor Representative, you will have the opportunity to share your voice on quality-of-life issues and concerns affecting all Department of Air Force survivors.

Email completed applications to:
AFPC.DPFFF.AFFF@us.af.mil



APPLICANT INFORMATION

Title/Rank:

First Name:

Last Name:

Relationship to Airman/Guardian:

Defense Enrollment Eligibility Reporting System (DEERS) identification card holder:

Street Address:

City:

State:

Postal Code:

Home or Mobile Phone:

Work Phone:

Primary Email:

Alternate Email:

Preferred Contact Method: Home/Mobile Phone:

Work Phone:

Email:

SERVICEMEMBER INFORMATION

Airman/Guardian's Rank:

Airman/Guardian's Branch:

Airman/Guardian's First and Last Name:

Airman/Guardian's Status: Active Duty:

Guard:

Reserve:

Applicant Name:

SERVICEMEMBER INFORMATION

(Continued from previous page)

Please select all that apply

Airman/Guardian died from a hostile (combat) or terrorist attack

Airman/Guardian died from an on-duty or training incident

Airman/Guardian died from an off-duty incident, illness, or natural causes

Airman/Guardian died by apparent self-inflicted incident

Airman/Guardian died in current or past conflicts (i.e. Vietnam, Korea, Cold War)

Please specify conflict

Custodial parent of a minor dependent child survivor where the parent is not a Defense Enrollment Eligibility Reporting System identification card holder

Dual military survivor or currently serving survivor

Applicant is a military veteran, please select service branch:

APPLICANT RESPONSE SECTION

Please share links to your published works to include published articles, blogs, Twitter handles, Facebook, TV/internet interviews/videos, etc. if applicable.

Applicant Name:

PERSONAL STATEMENT

Complete a personal statement in 250 words or less. The statement should explain your desire to serve on the Department of the Air Force Survivor Advocacy Council, how you could impact survivor support and programs, and share a suggestion of a program or policy initiative you believe would positively impact survivor support. Include your involvement as a survivor in local or national civic/federal organizations or with non-governmental organizations and offices held, if any.

Applicant Name:

DEPARTMENT OF THE AIR FORCE SURVIVOR ADVOCACY COUNCIL CERTIFICATE OF ACKNOWLEDGMENT

BACKGROUND:

- The term of appointment for a member of the Department of the Air Force Survivor Advocacy Council (SAC) is a single two-year term.
- The Department of the Air Force SAC is held annually. Travel is funded by the Department of the Air Force. The SAC may involve a minimum of three duty days to include travel, preparatory sessions, and SAC meeting.
- As an advocate, you may meet quarterly telephonically to discuss possible ideas to be presented at the SAC.

PLEASE INITIAL ACKNOWLEDGEMENT OF EACH OF THE FOLLOWING STATEMENTS:

1. I am expected to attend each SAC meeting. Failure to attend may result in appointment termination. Exemptions are authorized for deployment or health restrictions, with advance written notification. I am expected to attend telephonic advisor meetings.
2. Failure to attend telephonic advisor meetings may result in appointment termination. Exemptions are authorized for deployment or health restrictions with advance written notification.
3. I will acknowledge SAC tasks emailed by the SAC point of contact by designated suspense dates. Failure to electronically acknowledge suspense date may result in appointment termination. Exemptions are authorized for deployment or health restrictions with advance written notification.
4. I will not be authorized travel, lodging, meals, and incidental expense reimbursements by the Department of the Air Force if considered to reside in the local community area of the SAC venue.
5. I will be authorized travel, lodging, meals, and incidental expense reimbursements by the Department of the Air Force. If my trip includes meals paid for by a senior leader or the government, I will deduct the meals from my reimbursement voucher.
6. I will read and sign a non-disclosure agreement related to my SAC work.
7. It is my responsibility to arrange with my employer or school (if applicable) for my absence to attend SAC meetings.
8. I am competent at using e-mail, Adobe Acrobat Reader (application that makes PDF documents), and Microsoft Word.
9. I will not be reimbursed for installation of broadband or telephone lines for internet or phone connectivity, or for any hardware associated with conducting official SAC business.
10. I may be required to enter a secured government facility. I possess one of the following incurred at my own expense: A state driver's license or identification card; U.S. government common access card; DoD identification card for retirees, dependents, and inactive reservists; U.S. passport or passport card; foreign passport; permanent resident card; or alien registration receipt card. I realize state driver's licenses that are not "Real ID" compliant will not be accepted as a form of identification when traveling and entering a secured government facility.
11. I realize I will deliberate over emotionally charged survivor issues, and be prepared to discuss my own loss and survivor experiences with the SAC.

Printed Name Signature