

PRIVACY ACT STATEMENT

AUTHORITY FOR COLLECTION: 10 U.S.C. 3013, Secretary of the Army; 26 U.S.C. 6041, Information at Source; DoD Directive 1015.2, Military Morale, Welfare and Recreation (MWR); DoD Instruction 1015.10, Program for Military Morale, Welfare and Recreation (MWR); AR 215-1, Morale, Welfare and Recreations Activities and Non-appropriated Fund Instrumentalities.

PRINCIPAL PURPOSE: Provides a means to ensure that all individuals who request access to MWR facilities located at Fort Detrick are eligible employee sponsors for their family members, and that family members are age-eligible. Records are kept in a facility that is secured 24 hours a day with restricted access. Data access is restricted to specific individuals with a business "need-to-know" or having an official need, otherwise.

ROUTINE USES: To be used to validate the eligibility of requestors and family members seeking use of MWR facilities at Fort Detrick.

DISCLOSURE: Voluntary; however, failure to provide requested information may impede the Family Moral, Welfare, and Recreation personnel from being able to assist individuals effectively.

MWR REC TRAC FORM

SPONSOR'S STATUS

CHOOSE ONE OF THE FOLLOWING:

- | | |
|----------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> X1 ACTIVE DUTY MILITARY | <input type="checkbox"/> X6 DOD CIVILIAN |
| <input type="checkbox"/> X2 RETIRED MILITARY | <input type="checkbox"/> X8 NON DOD CONTRACTOR (NIH) |
| <input type="checkbox"/> X3 SPOUSE (ACTIVE DUTY/RETIRED) | <input type="checkbox"/> X10 DOD CONTRACTOR |
| <input type="checkbox"/> X5 NATIONAL GUARD / RESERVIST | |

PLEASE COMPLETE ALL INFORMATION

SPONSOR

NAME _____ UNIT _____
ADDRESS _____ RANK/GRADE _____
CITY _____ MALE FEMALE
STATE _____
ZIP CODE _____ DATE OF BIRTH _____
HOME PHONE _____ WORK PHONE _____
EMAIL ADDRESS _____

SPOUSE INFORMATION

NAME _____
DATE OF BIRTH _____

CHILDREN'S NAMES

1. _____ M F DATE OF BIRTH _____
2. _____ M F DATE OF BIRTH _____
3. _____ M F DATE OF BIRTH _____
4. _____ M F DATE OF BIRTH _____