

NONCOMBATANT EVACUATION OPERATIONS VOLUNTEER INFORMATION

(USFK PAM 600-300-1)

INSTRUCTIONS

Please print information as required. Listed below are selected specialties which are expected to be needed during an emergency. Check the appropriate block(s) if you are qualified in one or more of the specialties. Request that each adult noncombatant in your family provide this information (i.e. if there is 1 adult noncombatant in your family, you need only to provide data for 1 noncombatant; if there are 2 adult noncombatants in your family, provide data for both noncombatants). Request this form be filled out and returned regardless of whether or not you intend to volunteer at this time. Thank you.

ADULT NONCOMBATANT #1	NONCOMBATANT'S NAME (<i>Last, First, MI</i>)	
MEDICAL SKILLS	<input type="checkbox"/> Doctor	<input type="checkbox"/> Nurse (<i>specify type: _____</i>)
	<input type="checkbox"/> Other medical (<i>specify type: _____</i>)	
BILINGUAL SKILLS	<input type="checkbox"/> Translate from English to Korean	<input type="checkbox"/> Translate from English to Japanese
	<input type="checkbox"/> Other Translation (<i>specify languages: _____</i>)	
ADMINISTRATIVE SKILLS	<input type="checkbox"/> Typist (<i>30 words plus per minute</i>)	<input type="checkbox"/> Shorthand
OTHER SKILLS	<input type="checkbox"/> Lawyer	<input type="checkbox"/> Auto Mechanic
	<input type="checkbox"/> Legal Assistance	<input type="checkbox"/> Cook
	<input type="checkbox"/> Child Care	<input type="checkbox"/> General Supervisory Skills
	<input type="checkbox"/> Minister/Clergy (<i>specify religion: _____</i>)	
NONCOMBATANT'S SIGNATURE		DATE (<i>DD Month YY</i>)

ADULT NONCOMBATANT #2	NONCOMBATANT'S NAME (<i>Last, First, MI</i>)	
MEDICAL SKILLS	<input type="checkbox"/> Doctor	<input type="checkbox"/> Nurse (<i>specify type: _____</i>)
	<input type="checkbox"/> Other medical (<i>specify type: _____</i>)	
BILINGUAL SKILLS	<input type="checkbox"/> Translate from English to Korean	<input type="checkbox"/> Translate from English to Japanese
	<input type="checkbox"/> Other Translation (<i>specify languages: _____</i>)	
ADMINISTRATIVE SKILLS	<input type="checkbox"/> Typist (<i>30 words plus per minute</i>)	<input type="checkbox"/> Shorthand
OTHER SKILLS	<input type="checkbox"/> Lawyer	<input type="checkbox"/> Auto Mechanic
	<input type="checkbox"/> Legal Assistance	<input type="checkbox"/> Cook
	<input type="checkbox"/> Child Care	<input type="checkbox"/> General Supervisory Skills
	<input type="checkbox"/> Minister/Clergy (<i>specify religion: _____</i>)	
NONCOMBATANT'S SIGNATURE		DATE (<i>DD Month YY</i>)

PRIVACY ACT STATEMENT

1. AUTHORITY: Title 5, United States Code, Section 301; Title 10, United States Code, Section 3012; and Executive Order 9397.
2. PRINCIPAL PURPOSE: To assist the command in noncombatant evacuation operations by establishing a database of potential noncombatants during a contingency.
3. ROUTINE USES: Information recorded will provide commanders with information to assist in their contingency planning and operations by identifying noncombatants.
4. MANDATORY AND VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Disclosure of information is voluntary. There will be no adverse effect for not providing the information other than certain information that will not be available to commanders for contingency planning and operations.