



Care Team Member

Information Sheet- Please Print or Type clearly

First and Last Name: _____ **Unit:** _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Email Address: _____ **Phone Number:** _____

Which Care Team would you like to be a part of: <i>(Please circle as many as you would like to be apart of)</i>		Unit	Battalion	Brigade	Division	Installation			
Best day/ time to be activated									
<input type="checkbox"/>	Sunday	<input type="checkbox"/>	Early Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening	<input type="checkbox"/>	Late Night
<input type="checkbox"/>	Monday	<input type="checkbox"/>	Early Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening	<input type="checkbox"/>	Late Night
<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Early Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening	<input type="checkbox"/>	Late Night
<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Early Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening	<input type="checkbox"/>	Late Night
<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Early Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening	<input type="checkbox"/>	Late Night
<input type="checkbox"/>	Friday	<input type="checkbox"/>	Early Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening	<input type="checkbox"/>	Late Night
<input type="checkbox"/>	Saturday	<input type="checkbox"/>	Early Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening	<input type="checkbox"/>	Late Night
<input type="checkbox"/>	Other: _____								

Which Position would best fit you:									
<input type="checkbox"/>	Care of Children	<input type="checkbox"/>	Infants/Babies (0-2)	<input type="checkbox"/>	Young Children (3-7)	<input type="checkbox"/>	Children (8-12)	<input type="checkbox"/>	Teenagers (13-18)
<input type="checkbox"/>	Care of Animals	<input type="checkbox"/>	Dogs/cats	<input type="checkbox"/>	Birds/fishes	<input type="checkbox"/>	Exotic, i.e. Reptiles, ferrets, etc...	<input type="checkbox"/>	Farm type, i.e. horses, pigs, cows, etc..
<input type="checkbox"/>	Care of food	<input type="checkbox"/>	Deliver meals	<input type="checkbox"/>	Make meals	<input type="checkbox"/>	Drop off place	<input type="checkbox"/>	
<input type="checkbox"/>	Care of visitors (Out of town)	<input type="checkbox"/>	Meet/Greet	<input type="checkbox"/>	Arrange Travel to and from airport (rear-d will be the main transporters)	<input type="checkbox"/>	Assist with hotel reservations	<input type="checkbox"/>	Go to person for out of town visitors (information person)
<input type="checkbox"/>	Message taker	<input type="checkbox"/>	Phone Operator			<input type="checkbox"/>	Front door person		

Childcare Information				
Need childcare Y/N:	<input type="checkbox"/>	Any Special Needs:		
Childs name	Childs age	Birth Date	Registered with CYS Y/N	Date of Registration

Confidentiality Agreement: *I understand that while working as a Care Team Member I may become privy to a Family members personal problems and situations. Therefore, by executing this form, I agree to hold all information in strict confidence.*

Print Name: _____ **Signature:** _____ **Date:** _____

PRIVACY ACT STATEMENT: AUTHORITY: Title 10, United States Code, Section 3013**PRINCIPAL PURPOSE(S):** The personal information requested will be used to compile a Care Team Membership Roster and/or Phone tree.**ROUTINE USE(S):** Any information you provide may be disclosed to key leaders within the unit or in accordance with the DoD 'Blanket Routine Uses' set forth at the beginning of the Army's compilation of system of records notices. **DISCLOSURE:** Disclosure is voluntary.