SciPAC Deployment Preparedness Subcommittee Deployment Buddy Program Enrollment Form

	enroll in the progran		
Rank. Of the 14	First	Last	Middle Initial
Scientific Backg	ground (e.g., Microb	iologist, Chemist, Psychologist):	
Agency/OPDIV	:		
Agency <i>e-mail</i> :			
Personal <i>e-mail</i>	<u> </u>		
Cell Phone:			
Number of USP Last Deployme	PHS Deployments to nt Date:mm/dd/ le/s (If Previously Do	· · ·	t Length:days
Are you cohabi	tating with a partner	or roommate? NO Pet/s?	NO
Status: Single		ls your partner a Uniformed Servi	ce Member? NO
Please list all yo	ur dependents belov	v:	
Dependent	Age	Dependent	Age
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

Topics of Concern to Discuss with Deployment Buddy:

SAVE this file as "<your last name> <your first name> Deployment Mentorship.pdf" then

CLICK THIS BUTTON TO SUBMIT

Your form will be reviewed and you will be matched with a Deployment Buddy.