

U.S. Army Retiree Council, Hawaii

PRIVACY ACT STATEMENT

AUTHORITY: TITLE 10, US CODE SEC 3012.

PRINCIPAL PURPOSE: Furnish information to be used in consideration of applicant for membership for the US Army Hawaii, Retiree Council.

ROUTINE USE: By Retiree Council for membership.

DISCLOSURE: Disclosure of this personal information is voluntary and no adverse action can be taken against individuals for refusing to provide this information. However, failure by an individual to provide this information may result in the individual not being considered.

Name: _____
(Last, First MI)

Mailing Address: _____
(Street Address/PO Box)

(City) (State) (Zip Code)

Home Phone: _____ Cell Phone: _____

Email: _____

Retirement Date: _____ Retired Rank: _____

Branch of Service: _____ Total years of Service: _____

Type of Retirement: Length of Service Reserve (Gray Area) Disability

Emergency Contact: _____ Relationship: _____
(Name/Phone Number)

Biography: _____

Use additional pages if needed

Statement of Understanding

I understand that I will not be considered as an employee, agent or independent contractor of the United States Government for any purpose. My services are will be performed as a volunteer and will have no claim to benefits, travel expenses, or any other form of compensation of any kind. I understand that the term of appointment as a retiree council is for 4 years. I agree to meet semi-annually unless directed otherwise.

(Print Name) (Signature) (Date)

Retiree Council Endorsement

(Retiree Council Co-Chair) (Signature) (Date)

(Retiree Council Co-Chair) (Signature) (Date)

Return application to: Retirement Services Office
673 Ayres Avenue
Building 750, Room 122
Schofield Barracks, HI 96857
armyschofieldrso@mail.mil