

FAMILY READINESS SUPPORT SERVICES TRAINING REQUEST



Date of Submission:

Date of Event:

1. What type of training do you require?

Family Readiness Group Command Leadership Team Overall Family Well-Being

2. What type of event are you requesting training for?

State Workshop Regional Training Yellow Ribbon
Initial Volunteer Training Initial Command Training Other

If other, please explain:

3. What training platform will be used?

Webinar/Telecom Classroom Other

4. Date/Time/Duration

Event Start Date & Time Event End Date & Time
Total # of FRSS Classes Required

5. Event Location

Street, City, State, Zip Code

6. Attendance Estimates:

Number of Service Member Number of Family Members Number of Volunteers

7. Point of Contact Information

Military POC (required)

Name:

Name:

Title/Rank:

Title/Rank:

Email:

Email:

Phone:

Phone:

****Please submit all completed requests to Susan Gramkow, National Training Coordinator at susan.gramkow@gbg-hs.com and Cc State FRSS Trainer/SFPD****

SFPD Signature Block
Required only for State Level or Higher
Training Events