MEMORANDUM FOR (name of KS/KSM)

FROM: (UNIT/CC)

SUBJECT: (FOUO) Key Spouse (KS) / Key Spouse Mentor (KSM) Appointment

1. You have been appointed as a KS/KSM for the (name of the Unit).

2. As a KS/KSM representing our unit, you are required to complete 9 modules of initial training (approximately 6 hours) and quarterly continuing education offered by the Airman and Family Readiness Center (A&FRC).

(Commander’s signature block)

Name Address Phone Number

I, First Name, Last Name, accept appointment as (Unit) Key Spouse Volunteer. The above name KS/KSM agrees to protect Personal Identifying Information (PII).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Key Spouse Signature) Date

cc: CSS/CCF/KS/KSM

**Airman and Family Readiness Center use only.**

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| VERIFICATION OF TRAINING |
| The above named unit KS/KSM volunteer completed the Initial Key Spouse Training and can be officially recognized as (name of unit) Key Spouse. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (A&FRC Staff Signature) Date |
| 17 FSS Airman and Family Readiness Center |