

DEPARTMENT OF THE AIR FORCE 17TH TRAINING WING (AETC) GOODFELLOW AIR FORCE BASE TEXAS



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) or the one-hour Refresher Training (if you completed Initial Training after September 1, 2013) and quarterly continuing education offered by the Airman and Family Readiness Center (A&FRC).

(Commander's signature block)

<u>Name</u>	<u>Address</u>	Phone Number
I, <u>First Name</u> , <u>Last Name</u> , ac KS/KSM agrees to protect P		Key Spouse Volunteer. The above name ation (PII).
(Key Spouse Signature)		Date
cc: CSS/CCF/KS/KSM		
Airman and Family Readin	ness Center use only.	
VERIFICATION OF TRAIN	ING	
	recognized as Unit	itial / Refresher (circle one) Key Spouse Key Spouse. Continuing education /
(A&FRC Staff Signature)		Date