



U.S. Department of State  
**FOREIGN SERVICE FAMILY RESERVE CORPS (FSFRC)  
 MEMBERSHIP APPLICATION**

Category

[Redacted]

**If you answered "None of the above" to the question above, it is not necessary for you to submit an application.  
 Fields highlighted yellow are mandatory. Email completed form to FSFRC@state.gov**

**SECTION 1: APPLICANT INFORMATION**

Applicant's Name (Last, First, MI) (As listed on SF-50)	Applicant's Employee ID or Last 4 of SSN
[Redacted]	[Redacted]

Sponsoring Employee's Name (Last, First, MI)	Sponsoring Employee's Agency
[Redacted]	[Redacted]

Sponsoring Employee's Email Address

[Redacted]

Current Mailing Address	Permanent Personal Email Address (Not state.gov)
[Redacted]	[Redacted]
	Applicant's Last Day in Current Position (mm-dd-yyyy)
	[Redacted]

Current or Most Recent Post of Assignment	Current or Most Recent Position Held (As listed on SF-50)
[Redacted]	[Redacted]

Current Clearance/Certification Level (Will be verified)	Estimated Departure Date from Post (mm-dd-yyyy)
[Redacted] Specify _____	[Redacted]

**SECTION 2: APPLICANT CERTIFICATION**

Type your initials only on those items that apply below. Do not use "X" or "N/A". By initialing, I certify the following:

Select	
<input type="checkbox"/>	(a) I am a U.S. citizen.
<input type="checkbox"/>	(b) I am the spouse or domestic partner (as defined in 3 FAM 1610) of a sponsoring employee (i.e., a direct-hire Foreign Service, Civil Service, or uniformed service member).
<input type="checkbox"/>	(c) I am currently employed with Department of State (DOS) under a Family Member Appointment (FMA) or Temporary Appointment (TEMP), or I am currently in INWS status after having been appointed under an FMA.
<input type="checkbox"/>	(d) I am a current Civil Service (CS) DOS employee who is listed on the travel orders of a sponsoring employee and departing for a post abroad at a U.S. Mission under Chief of Mission authority, or at an office of the American Institute of Taiwan (AIT). I am departing my CS position on _____ (enter date) to accompany my sponsoring employee overseas (see statement below).
<input type="checkbox"/>	(e) I was formerly a FSFRC Member before my conversion into a Department of State domestic CS position. I am departing my current CS position on _____ and request re-instatement consideration into the FSFRC.
<input type="checkbox"/>	(f) I am currently employed under a Personal Services Agreement (PSA) or Personal Services Contract (PSC).
<input type="checkbox"/>	(g) I am the spouse or domestic partner of a third-party contractor or individual working under a PSA or PSC stationed abroad at a U.S. Mission under Chief of Mission authority, or at an office of the AIT.
<input type="checkbox"/>	(h) I am currently receiving a U.S.G. retirement annuity/pension from a career in the Foreign Service or Civil Service.
<input type="checkbox"/>	(i) I am a Foreign Affairs Foreign Service Generalist/Specialist in Leave without Pay (LWOP) status.
<input type="checkbox"/>	(j) I am a DOS or other agency CS employee in Leave without Pay (LWOP) status.
<input type="checkbox"/>	(k) I am a DOS or other agency CS employee in extended LWOP status with agreement to return to duty with originating Agency/bureau.

**Membership Certification**

I understand that FSFRC membership will not guarantee me a local or temporary assignment nor does it grant me an automatic security clearance. I also understand that I may withdraw my FSFRC membership at any time, and that my FSFRC appointment may be terminated at any time, regardless of the expiration (Not to Exceed) date specified on the Notification of Personnel Action (SF-50), for reasons outlined in 3 FAM (Termination of FSFRC Membership). As a member of the FSFRC, I will be a Department of State employee even if not in a local or temporary assignment, and I am subject to standards of conduct and ethics requirements applicable to DOS employees. As a Department employee, I will be subject to the reporting requirements found in 12 FAM 270 (Security Reporting Requirements) and 12 FAM 262 (Security Awareness and Contact Reporting).

I have attached the Agency Employee Travel Orders (TMFour for DOS employees), as required for initialed item D above.

Special Circumstances (See Instructions)

[Redacted]

Applicant's Signature (Note: Your signature must include /s/ forms without the /s/ designation cannot be accepted for processing. Example: /s/ Jane Doe.)	Date (mm-dd-yyyy)
[Redacted]	[Redacted]

**SECTION 3: GTM/TS USE ONLY**Date Received (*mm-dd-yyyy*)

Eligibility Requirements Met?

 Yes  No

FSFRC Category Approved by DS

 1  2  3Date Submitted for Verification (*mm-dd-yyyy*)Date Verification Received (*mm-dd-yyyy*)

Notification Mailed to Employee

Date SF-50 Processed (*mm-dd-yyyy*)

GTM/TS Approver Signature

GTM/TS Approves (*mm-dd-yyyy*)**INSTRUCTIONS - Foreign Service Family Reserve Corps (FSFRC) Membership Application****PURPOSE**

The FSFRC Membership Application is to be used by existing Department of State employees currently appointed under a Family Member Appointment or Temporary Appointment, or currently in INWS status, to apply for membership in the FSFRC.

**Highlighted fields are mandatory.**

1. Enter your full name as it appears on your SF-50.
2. Enter your Employee ID (found in box 44 on your SF-50) or the last four digits of your Social Security Number.
3. Provide your sponsoring employee's name.
4. Enter your sponsoring employee's employing Agency.
5. Enter your sponsoring employee's email address.
6. Enter a permanent mailing address (do not use pouch address). This will be used for future correspondence through the USPS.
7. Enter your permanent personal contact email address. This should not be a state.gov email address as it may be used to contact you when you are not actively working in a local assignment. You may wish to add FSFRC@state.gov to your email address book.
8. If applicable, enter your last day in your current position (mm-dd-yyyy).
9. Enter the post where you are currently or previously employed.
10. Enter your current or most recent position title (as found in either box 7 or 15 on your SF-50).
11. Select the choice that corresponds with your current clearance or certification level.
12. Enter your sponsoring employee's estimated date of departure from post.
13. Read each statement and initial those that apply to you.
14. Read the membership certification statement. Required documentation for those applicants who initial Certification Statement (d) only.
15. Special Circumstances: Use this box to include information that may not be covered elsewhere on the form. For instance, if you held a higher level clearance within the last 2 years, include the clearance level, position title, post, and the dates employed under the position; If you completed Item d in the Certification section as a domestic CS employee, please provide contact info of your Bureau/EX HR Specialist; If you recently had a name change that may not be reflected on your last SF-50, etc.
16. Sign and date the form. Your signature must include /s/ before your typed name. Forms without the /s/ designation cannot be accepted for processing. Example: /s/Jane Doe.
17. Page 2 to be completed by GTM Talent Services only.

**Highlighted fields are mandatory.****PRIVACY ACT STATEMENT**

**AUTHORITIES:** The information is sought pursuant to Sections 303, 309, and 311 of the Foreign Service Act of 1980, as amended (Appointment and Hiring); Executive Order (E.O.) 13526, Sec. 5.4(d); E.O. 10450 (Security Requirements); E.O. 12968, Sections 3.3 and 2.1(b)(2); 5 C.F.R. § 731 (suitability); Homeland Security Presidential Directive (HSPD-12) "Policy for a Common Identification Standard for Federal Employees and Contractors"; and Section 201 of the Foreign Service Act of 1980, as amended (Management of the Foreign Service).

**PURPOSE:** The information collected in this form will be used to establish and maintain the Foreign Service Family Reserve Corps (FSFRC), to allow for the Department to meet its need for a workforce capable of rapid assignment to positions overseas, including sensitive positions. Social Security Numbers will be used to verify identity and to confirm existing security clearances.

**ROUTINE USES:** The information on this form may be shared with a member of Congress in response to an inquiry made at your request or with law enforcement as required by law. More information on the Routine Uses for the system can be found in System of Records Notices State-31, Human Resource Records and State-36, Security Records.

**DISCLOSURE:** Disclosure of this information, including the Social Security Number, is voluntary. Failure to provide the information requested on this form may result in delays in considering an application or in an application not receiving full consideration for the position.