

BOARD MEMBERSHIP QUESTIONNAIRE

Modified 20180620

This form is intended to provide boards with an update of military and civilian skills and qualifications which may not be reflected in your Official Military Personnel Files (OMPF). It is to be completed by all officers and staff noncommissioned officers of the Selected Marine Corps, Select Marine Corps Reserve, Individual Ready Reserve, Active Reserve, Mobilization Training Units, and Individual Mobilization Augmentees, when required.

This form can be submitted as part of an individual's package submission to boards, but *will not* be used to update OMPF information. Marines should conduct a separate audit of their records to ensure that all of their skills and qualifications are accurately reflected in the Marine Corps manpower system. Information on ordering OMPFs and Master Brief Sheets is available at www.manpower.usmc.mil /Manpower Management/Support Branch. Additional career information is located on Marine On-Line at <https://www.mol.usmc.mil> and at www.manpower.usmc.mil /Reserve Affairs.

In order to obtain your latest official OMPF photo log into MOL (<https://tfas.mol.usmc.mil/MOL/UserHomeEntry.do>) select the My OMPF tab. Once in the OMPF section select the Photo tab. You will have to manually save the photo to your computer; once this is done you must insert the photo and resize it to fit the box provided.

Naming and File saving convention: Lastname.mm.yyyy (example.06.2018); when submitting completed form via email ensure last name and year are contained in the subject of the email along with the board applying for if known.

For further assistance the MFR Boards Manager can be reached at (504) 697-7277/75/76/65 or MFR_Sourcing@USMC.mil. Any communication with the MFR Boards Manager should be relayed to your chain of command.

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 U.S.C. 552A)

This 5 U.S. Code, Section 301, is the basis for requesting this information. Executive Order 9397 of 22 November 1943 authorizes the use of your Social Security Number. The purpose of this form is to produce an up-to-date summary of your skills and qualifications for inclusion in your official records at Headquarters, Marine Corps. The information is used by personnel who are authorized to screen your record for consideration for promotion and military assignments. Your Social Security Number is used for purposes of individual identification only. Providing this information is voluntary on your part; failure to provide the information would preclude up-to-date information on your skills and qualifications from being available in your official case files, and may hamper your chances for future military assignments and promotions. Disclosure of your Social Security Number is mandatory.

(Insert your latest official photo
from your OMPF here)

BOARD MEMBERSHIP QUESTIONNAIRE

MFR VERSION 6-17

NAME (Last, First, MI):		AGE	SEX	RANK	DOR	PMOS	AMOS	BMOS
		CURRENT MILITARY DUTY (billet/unit):			RACE		ARE YOU COMMAND SCREENED? If yes please provide letter.	
		PERSONAL APPEARANCE						
		Height:	Weight:	Body Fat %:	PFT CFT Score/Date:			
EDIPI:								
HOME ADDRESS:					CIVILIAN OCCUPATION (job, description of duties):			
PHONE:		(C) (xxx) xxx-xxxx (H/W) (xxx) xxx-xxxx						
E-MAIL:								
CIVILIAN EDUCATION (school/date completed):					MILITARY EDUCATION (school/date completed):			
PERSONAL DECORATIONS (award/date received):								
BOARD APPLYING FOR or PERIOD OF AVAILABILITY					LINE # (Admin use only)		CONVENE DATE (Admin use only)	
TOTAL CAREER ACDU POINTS (CRCR, if applicable):								

MANDATORY RETIREMENT DATE	
<p align="center">Previous HQMC Promotion/Selection Board Experience</p> <p>(period) (Board, board billets i.e. recorder, pres, member, etc.)</p>	
<p align="center">MILITARY CAREER EXPERIENCE SUMMARY</p> <p>(period) (billet, unit, Active/Reserve)</p>	
<p align="center">Do you have any Adverse Fitness Reports? (Failure to answer will disqualify for any board)</p>	
<p>NO ADVERSE FITREPS</p>	
<p align="center">REMARKS (Include community activities, civilian skills beneficial to military service, etc):</p>	

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SIGNATURE (if paper copy is submitted):		DATE COMPLETED:	
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