



HEADQUARTERS, UNITED STATES FORCES KOREA

UNIT #15237
APO AP 96205-0010

REPLY TO
ATTENTION OF:

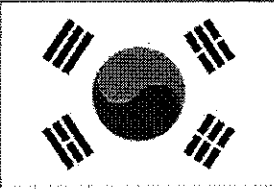
MEMORANDUM FOR Courageous Channel Exercise Participants

SUBJECT: Scope of Relationship Between NEO "Fly Away" and "Sail Away" Participants and US Government

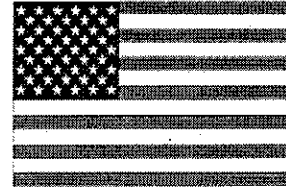
1. This memorandum is to clarify the relationship between the US Government and those who participate in Exercise Courageous Channel by being evacuated by either airplane or ship during the USFK exercise that rehearses the Non-combatant Evacuation Operation plan each year. As a "Fly Away" or "Sail Away" participant, you are providing an invaluable service to the planners and executors of the NEO plan here in Korea by making our training much more realistic. Your willingness to spend up to a week away from home while being transported from place to place gives USFK the opportunity to examine the intricate details of the NEO plan and improve it each year. This contributes to our readiness and ability to face whatever threats may arise here on the Peninsula, and your participation is greatly appreciated.
2. Please understand that your role as a "Fly Away" or "Sail Away" participant, while extremely important to us, does not constitute any type of employment. Therefore, during your time participating in Exercise Courageous Channel, you do not get any compensation or other employment benefits, such as earning wages, medical and dental care, or health insurance of any kind.
3. To ensure arrangements have been made to care for you if the need should arise, before you can participate you must certify that you have sufficient health care coverage to provide for any health care needs while participating in the exercise. The vast majority of our participants are military dependents or military retirees, so most participants are covered by TriCare, but not everyone. Should any emergency medical attention be required while you are participating in the exercise, your medical care would therefore be covered by your existing health coverage or insurance plan. Please execute the attached certification and turn it in to your NEO representative at the time you apply as a participant
4. Again, let me emphasize how much I appreciate your contribution to the success of Courageous Channel, and we look forward to your participation during our next exercise.
5. My point of contact for any questions is CPT Jin Park at DSN 736-3223.

Encl

JOHN W. MORGAN
Major General, US Army
USFK J3



Operation
Courageous Channel



*Memorandum of Understanding for
Volunteer Personnel*

By signing below, I certify that I have read and understand the following:

- ◇ As a volunteer, I am not entitled to any compensation or other employment benefits arising out of my participation with Courageous Channel.
- ◇ I am required to have current and adequate health care coverage to respond adequately to any health care needs that may arise during the course of my participation.
- ◇ I certify that my insurance or health care plan will cover any medical needs associated with my treatment.

Your Signature

Date

Courageous Channel 07-2 Fly-Away/Sail-Away Nomination Form

Volunteers are needed for a free trip to Japan during the upcoming Courageous Channel Exercise. All DoD family members and DoD civilians (non-EEC) are invited to apply. The trip is scheduled for 7-9 Nov 07 (Fly-a-way) and 15-18 Nov 07 (Sail-a-way). Volunteer requirements: children must be 6 years or older. Children ages 6 to 9 must be accompanied by one parent (1 parent to 1 child ratio). Volunteers must sign and submit the USFK Health Care Coverage Memorandum (attached). Traditionally, all transportation, tours, meals and lodging have been provided at no cost to participants. Volunteers will be nominated by their sponsor's unit. Your NEO Warden will collect your information on this form and ensure this information is submitted to the US Army Garrison – Yongsan, Directorate of Plans, Training, Mobilization and Security (DPIMS), NLT 4 Oct. Final participants will be notified on 5 Oct. POC: CPT Andrew Kletzing, USAG-Y Operations Officer: 738-7907 andrew.kletzing@korea.army.mil

Volunteer's Name: _____ Age: _____ Gender: _____

Sponsor's Name: _____ Sponsor's Rank _____ Sponsor's Unit _____

Home Phone: _____ E-mail address: _____

Mailing Address: _____

Valid Passport: _____ Yes _____ No issued by (US, ROK, Philippines, etc...): _____

Emergency POC and Phone Number: _____

How many people in your family wish to participate in the fly/sail-away? _____ (please list below):

Name: _____ Age: _____ Gender: _____ Passport (Y/N): _____ Country: _____

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Name: _____ Age: _____ Gender: _____ Passport (Y/N): _____ Country: _____

1. Do any of the volunteers have medical problems that would preclude them from participating?

_____ Yes _____ No

2. If not selected as a primary, would you consider being an alternate?

_____ Yes _____ No (If selected as an alternate you would have to attend all meetings)

3. My preference: _____ Fly-away only _____ Sail-away only _____ Either the fly- or sail-away

4. DEROS: _____ (Only those with a DEROS of May 08 or later will be considered)

5. I have been a passenger on a previous NEO fly- or sail-away _____ Yes _____ No

6. If selected, I agree to be a spokesperson for NEO. This may include answering questions about my experiences as a fly- or sail-away participant, including Public Affairs/AFN interviews, NEO surveys, and commanders' calls or other meetings/events _____ Yes _____ No

7. Comments: _____

SIGNATURE/DATE: _____