



**Membership Application  
Restoration Advisory Board (RAB)  
Vieques Investigation and Cleanup - NAVFAC Atlantic**

*Please complete and sign this form if you would like to renew your membership, or would like to be considered for membership as a New member, in the Vieques Restoration Advisory Board (RAB).*

**Member Type (check one):**     New Member                       Renewal     RAB Co-chair interest

Responsibilities of RAB Members:

- RAB members will be expected to attend regularly scheduled RAB meetings.
- RAB members should participate in meeting in a constructive and respectful manner.
- RAB members should be willing to communicate with local community members and groups who are interested in specific cleanup issues.
- RAB members will receive specific information about cleanup activities and will be invited to site visits to observe field operations.
- RAB members will be expected to review draft-final documents and to provide comment and feedback about community concerns to the Navy and regulators.

**If you have any questions, please contact Kevin Cloe at 757-322-4736 (English) or  
Madeline Rivera at 787-741-4792 (Spanish).**

***Privacy Act***

**Providing the personal information requested on this form is voluntary.** It is requested to determine your interest in RAB membership. The information will be reviewed and will be kept in a file at Naval Facilities Engineering Command, Atlantic in Norfolk, Virginia. **This information will not be published.**

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Daytime Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Please state briefly why you would like to be a RAB member:**

**Please check all that apply to you (and fill in the blanks):**

- |  |  |
|--|--|
| <input type="checkbox"/> Vieques Resident for ____ years   | <input type="checkbox"/> Fisherman                             |
| <input type="checkbox"/> Resident of Other Location: _____ | <input type="checkbox"/> Public Official: _____                |
| <input type="checkbox"/> Former Navy Employee              | <input type="checkbox"/> Environmental Group: _____            |
| <input type="checkbox"/> Religious Community Leader: _____ | <input type="checkbox"/> Academic or Health Institution: _____ |
| <input type="checkbox"/> Business Owner/Operator: _____    | <input type="checkbox"/> Other: _____                          |

**What language(s) do you speak? (Please check all that apply)**

Spanish     English     Other: \_\_\_\_\_

***Conflict of Interest***

By signing and submitting this renewal form, I acknowledge the following: My RAB membership does not present a conflict of interest (i.e. I am not employed by contractors performing cleanup work or otherwise could benefit from specific remedial decisions). I am aware that RAB membership requires a time commitment. If I am selected, I agree to work as a volunteer. I will cooperate and collaborate with the other RAB members to ensure that we efficiently and effectively use RAB resources to contribute to the environmental restoration of Vieques. I **understand that my name may be published as a RAB member, but that my address and telephone number will not be published without my consent.**

**Your Signature** \_\_\_\_\_ **Date** \_\_\_\_\_