

DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD ANSC 7039 (4-07)	U.S. COAST GUARD AUXILIARY WORKSHOP MISSION AND ATTENDANCE REPORT	Division ____ Flotilla ____ WORKSHOP DATE DDMMYY WORKSHOP TIME HHMM AUXDATA USE ONLY Start Date Local: DD HHMM MON YYYY Hours: _____ Activity: UMS • Mission: 06 Attendees are entered as Trainees		
SECTION I - WORKSHOP TYPE <i>(Check only one)</i>				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> 01 Instructor 02 National Training 03 Operations 04 Civil Rights 05 Vessel Examination 07 Sexual Harassment Awareness 09 Information Services 10 Ethnic Diversity </td> <td style="width: 50%; vertical-align: top;"> 11 Human Resources 12 Public Affairs 13 Communications 14 ATON/AV 15 8 Hour Team Coordination Training 16 RBS Program Visitor 17 BCQ Mentoring Workshop 18 1 Hour TCT Refresher </td> </tr> </table>		01 Instructor 02 National Training 03 Operations 04 Civil Rights 05 Vessel Examination 07 Sexual Harassment Awareness 09 Information Services 10 Ethnic Diversity	11 Human Resources 12 Public Affairs 13 Communications 14 ATON/AV 15 8 Hour Team Coordination Training 16 RBS Program Visitor 17 BCQ Mentoring Workshop 18 1 Hour TCT Refresher	
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SECTION II - INSTRUCTOR, AIDES & ATTENDEES <i>(See Instructions on page 2)</i>				
	Div/Flot	Instructor's Last Name and Initials	Member ID	
1				
	Div/Flot	Attendee/Aide Last Name and Initials	Div/Flot Attendee Last Name and Initials	
2			20	
3			21	
4			22	
5			23	
6			24	
7			25	
8			26	
9			27	
10			28	
11			29	
12			30	
13			31	
14			32	
15			33	
16			34	
17			35	
18			36	
19			37	
REMARKS				
Date submitted 		Submitting Member Name <i>(print)</i> _____		
		Workshop Length (hours) 		

Previous edition is obsolete and may not be used

Enter YOUR email
address here

Enter RECIPIENT's
email address here

