

COMMANDER, FLEET ACTIVITIES YOKOSUKA
RESIDENT ADVISOR (RA) AGREEMENT

From: XXXXXXXXXXXXXXX

To: Commander, Fleet Activities Yokosuka

Via: Unaccompanied Housing Assignment Review Board

Subj: RESIDENT ADVISOR AGREEMENT

Ref: (a) COMFLEACTINST 11103.2B

(b) CNICINST 11103.14

1. Per reference (a), this signed agreement serves as my application for the Resident Advisor (RA) Program at Fleet Activities (FLEACT) Yokosuka. This request is accompanied by a special request chit approved by my command and a copy of my current orders.

2. I understand the following training is required for my selection as an RA. It is my responsibility to schedule the training and provide the RA Check-in Form as documentation of completion to the Unaccompanied Housing (UH) Manager for the following:

- a. UH Operation policies and procedures with the UH Manager.
- b. UH Facility training with the Building Manager (BM).
- c. Sexual Assault Prevention and Response (SAPR) Training with the Sexual Assault Prevention Coordinator (SARC).
- d. Suicide Prevention Training with the Chaplain.

3. As an RA, I will be required to:

- a. Understand, support, abide by, and enforce local policies, while providing customer service and respect for residents.
- b. Operate as a direct communication link between residents and the UH Manager, offering assistance to residents and staff as needed.
- c. Maintain good order, discipline, and military decorum, correcting minor infractions as they occur; report unprofessional behavior as necessary to UH Management.
- d. Provide a senior leadership presence at the facility, making myself available on site during evenings, weekends, and holidays on a rotating basis.

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e. Conduct meetings, quarterly at a minimum, with residents to discuss concerns/issues that pertain to indoctrination into military life, professional development, life skills, UH quality of life, safety, health, and sanitation. Provide written summations of the meetings to the UH Manager/Unaccompanied Housing Assignment Review Board (UHARB).

f. Attend training as identified by UH Management.

g. Attend RA and UHARB meetings as requested.

h. Coordinate room inspections with the BM(s) to ensure 100% inspection of assigned rooms is completed quarterly, at a minimum. I will ensure copies of the inspection are maintained by the UH Office.

i. Conduct an evening walkthrough of UH buildings and parking lot areas to maintain safety, security and general cleanliness for the UH area. Any deficiencies will be reported to UH management for action. Any safety and security issues will be reported to Security immediately.

j. Ensure SAPR posters and Department of Defense Safe Helpline information are prominently posted in UH buildings. As necessary, I will ask the UH Manager to contact the installation SARC for new or additional SAPR materials.

k. Ensure information regarding Suicide Prevention, Energy Conservation, and Disaster Preparedness, etc., are prominently displayed in UH. As necessary, I will ask the UH Manager to contact appropriate installation representatives for new or additional materials.

l. Provide 30 day notice to the UHARB to terminate the RA Agreement prior to permanent change of station or for personal reasons.

4. If selected as the Senior RA, I will:

a. Manage an RA schedule to ensure there is always an RA available on site during nights, weekends, and holidays.

b. Conduct quarterly RA meetings to discuss problems or concerns and other important UH issues. I will submit reports from the meetings to the UHARB via the UH Manager.

5. Failure to perform per this agreement will result in my termination from the RA Program by the UHARB. Termination will result in the loss of assigned UH.

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I XXXXXXXXXXXXXXXX, have read the above requirements and accept the responsibilities of Resident Advisor upon designation by Commander, Fleet Activities Yokosuka. I understand that failure to comply with any requirements will result in being removed as Resident Advisor and loss of assigned housing, as applicable.

Signature

Date

Work Phone

Cell Phone Number

Primary Email Address

UHARB Recommendation:

1. Per reference (a) and by the authority in reference (b) as members of the UHARB, we recommend; _____ as an RA.

UH Site Director

Date

UHARB Command Representative

Date

30 Mar 2022

SAMPLE PAGE 13 ENTRY FOR RESIDENT ADVISOR ADMINISTRATIVE REMARKS

ADMINISTRATIVE REMARKS		
NAVPERS 1070/613 (REV. 08-2012) PREVIOUS EDITIONS ARE OBSOLETE		SUPPORTING DIRECTIVE MILPERSMAN 1070-320
SHIP OR STATION:		
SUBJECT:	PERMANENT	TEMPORARY
	AUTHORITY (IF PERMANENT):	
<p>I _____ AM A VOLUNTEER FOR THE NAVY'S RESIDENT ADVISOR (RA) PROGRAM. I HAVE READ AND I AM FAMILIAR WITH POLICY FOR ADMINISTRATION AND OCCUPANCY OF UNACCOMPANIED HOUSING, COMFLEACTINST 11103.2 SERIES AND I AGREE TO ACCEPT THE RESPONSIBILITIES OF AN RA AS DESCRIBE IN ALL PERTINENT INSTRUCTIONS AND POLICIES.</p> <p>I AM AWARE THAT MY POSITION AS A RESIDENT ADVISOR MAY BE TERMINATED FOR CAUSE AT ANY TIME IF I FAIL TO MAINTAIN THE STANDARDS AS REQUIRED.</p> <p style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></p> <p style="text-align: center;">FOR OFFICIAL USE ONLY PRIVACY SENSITIVE</p>		
ENTERED AND VERIFIED IN ELECTRONIC SERVICE RECORD:		
VERIFYING OFFICIAL RANK OR GRADE/TITLE:	DATE:	SIGNATURE OF VERIFYING OFFICIAL:
NAME (LAST, FIRST, MIDDLE):		BRANCH AND CLASS: