

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

**SECTION I - WORKSHOP TYPE** *(Check only one)*

- |                                |                                      |
|--------------------------------|--------------------------------------|
| 01 Instructor                  | 11 Personnel Services                |
| 02 National Training           | 12 Public Affairs                    |
| 03 Operations                  | 13 Communications                    |
| 04 Civil Rights                | 14 ATON/AV                           |
| 05 Vessel Examination          | 15 8 Hour Team Coordination Training |
| 07 Sexual Harassment Awareness | 16 RBS Program Visitor               |
| 09 Information Services        | 17 BCQ Mentoring Workshop            |
| 10 Ethnic Diversity            | 18 1 Hour TCT Refresher              |

**WORKSHOP TIME**  
HHMM

**AUXDATA USE ONLY**

Start Date Local:  
DD HHMI MON YYYY

Hours: \_\_\_\_\_

Activity: UMS • Mission: 06  
Attendees are entered as  
Trainees

**SECTION II - INSTRUCTOR, AIDES & ATTENDEES** *(See Instructions on page 2)*

	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 *(print)* \_\_\_\_\_ Workshop Length (hours)

*Previous edition is obsolete and may not be used*

Enter YOUR email  
address here

Enter RECIPIENT's  
email address here

