



## 62nd Airlift Wing Honorary Commander Nomination Form

**Instructions:** Please fill in the following information and attach a formal resume/additional biographical data. Include any additional comments you have concerning your background would be helpful to 62nd Airlift Wing Public Affairs.

**PICK ONE:**  SELF NOMINATION       RECOMMENDED BY: \_\_\_\_\_

**NOMINEE'S FULL NAME:** \_\_\_\_\_ **SPOUSE'S NAME:** \_\_\_\_\_

**JOB TITLE/AFFILIATION:** \_\_\_\_\_ **CAREER TYPE/FIELD:** \_\_\_\_\_

*The intent of an honorary commanders program is to educate those with limited knowledge about the Air Force and the installation. Civilian participants will be selected among local or state elected officials, chamber of commerce members, principals of local schools, Military Affairs Committee members and others who, because of their position or influence in the community, have a positive impact on the public support for the base. (Ref: Air Force Instruction 35-105, Community Relations, 26 Jan 10)*

**PLEASE HIGHLIGHT/CIRCLE THE APPROPRIATE RESPONSE.**

**YES / NO** Is Nominee an immediate relative (spouse, child, parent, sibling) of a current or former 62nd Airlift Wing Honorary Commander?

**YES / NO** Is the Nominee a military retiree or Guard or Reserve member? Retirees, Guard or Reserve members are not eligible.

**YES / NO** Does Nominee have a coworker/co-representative of his/her organization currently serving or being nominated to serve as a 62nd Airlift Wing Honorary Commander in any given year? (Excludes: Chambers of Commerce or Military Affairs Committees).

**YES / NO** Is Nominee a newspaper, TV or radio reporter? If so, nominee is not eligible due to the conflict of interest allowing reporters unescorted access to the base and base leadership.

**YES / NO** Is Nominee a member of Congress or a member of Congressional staff?

**YES / NO** Is Nominee employed by a DOD contractor or another organization who may give the perception of a conflict of interest?

**YES / NO** Is Nominee a federally elected or appointed official?

**YES / NO** Does Nominee understand the Honorary Commander term limit will be two (2) years to ensure the program's reach and effectiveness and to avoid program stagnation? Second terms will be determined on a case-by-case basis.

**YES / NO** Is Nominee aware he/she may contact their commander to terminate their service as an Honorary Commander (if selected) at any time prior to their term tenure?

**YES / NO** Is Nominee aware, if selected and he/she does not fulfill the Honorary Commander responsibilities, the wing commander may terminate their term immediately?

**YES / NO** Is the nominee aware, that part of his/her responsibilities include attending unit events at least once per quarter?

<b>HOME ADDRESS</b>	<b>BUSINESS ADDRESS</b>
LINE 1: _____	LINE 1: _____
LINE 2: _____	LINE 2: _____
CITY/STATE: _____	CITY/STATE: _____
HOME PHONE: _____	CELL: _____ OFFICE: _____
E-MAIL ADDRESS: _____	

*The following information is collected for the purpose of a background check to obtain access to base.*

NOMINEE'S FULL (LEGAL) NAME: \_\_\_\_\_

NOMINEE'S NAME **EXACTLY**  
AS PRINTED ON DRIVER'S LICENSE: \_\_\_\_\_

DRIVER'S LICENSE NUMBER & STATE ISSUED: DL# \_\_\_\_\_ /STATE: \_\_ NOMINEE'S BIRTHDAY W/YEAR: (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_\_

*The following biographical information can also be included/answered in a separate resume or professional biography as an attachment.*

NOMINEE'S HOBBIES: (I.E., GOLF, HUNTING, ETC.)  
\_\_\_\_\_  
\_\_\_\_\_

NOMINEE'S CHAMBERS OF COMMERCE MEMBERSHIP/INVOLVEMENT:  
\_\_\_\_\_  
\_\_\_\_\_

NOMINEE'S NON-PROFIT/CIVIC ORGANIZATIONS MEMBERSHIP/INVOLVEMENT:  
\_\_\_\_\_  
\_\_\_\_\_

NOMINEE'S MILITARY/VETERAN ORGANIZATIONS MEMBERSHIP/INVOLVEMENT:  
\_\_\_\_\_  
\_\_\_\_\_

WHY DO YOU WANT TO TAKE PART IN THE HONORARY COMMANDER PROGRAM?  
\_\_\_\_\_  
\_\_\_\_\_

**THROUGHOUT THE YEAR, THE HONORARY COMMANDER'S PROGRAM INCLUDES ACTIVITIES THAT RUN FROM HOURS TO A FULL DAY IN DURATION. HOW MUCH TIME CAN YOU DEVOTE TO BASE ACTIVITIES PER MONTH...**

(CIRCLE ONE)  
DURING WORK HOURS?      HALF A DAY OR LESS      FULL DAY      NOT AVAILABLE

(CIRCLE ONE)  
AFTER HOURS?      1-2 hrs      3-4 hrs      5-6 hrs      6+ hrs      NOT AVAILABLE

PLEASE RETURN FORM TO:	62nd Airlift Wing Public Affairs 100 Col Joe Jackson Blvd, JBLM, WA 98438 E-mail: 62aw.pa.mail@us.af.mil Phone Number: DSN 982-5638; Comm (253) 982-5638
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