



HONORARY COMMANDER NOMINATION FORM

Fields highlighted in red are required

FULL NAME:

SPOUSE NAME:

EMPLOYER:

TITLE:

PHONE NUMBER:

EMAIL:

DATE OF BIRTH:

MAILING ADDRESS:

WHY WOULD YOU LIKE TO BE AN HONORARY COMMANDER?

PREFERED DAY OF THE WEEK AND TIME FOR EVENTS:

ARE YOU AN EMPLOYEE OF THE FEDERAL GOVERNMENT? YES NO

ARE YOU A FEDERALLY ELECTED OR APPOINTED OFFICIAL? YES NO

ARE YOU AN ACTIVE MEMBER OF THE NATIONAL GUARD OR RESERVES? YES NO

HAVE YOU SERVED IN ANY BRANCH OF THE MILITARY? YES NO

ARE YOU A PAID EMPLOYEE OF ANY POLITICAL PARTY? YES NO

ARE YOU A DoD CONTRACTOR? YES NO

DO YOU HAVE FINANCIAL HOLDINGS WITH ANY DoD CONTRACTORS? YES NO

HAVE YOU PREVIOUSLY SERVED AS AN HONORARY COMMANDER? YES NO

IF SO WHICH SQUADRON/GROUP WERE YOU ASSIGNED TO?

DO YOU AGREE TO COMMIT TO THE PROGRAM FOR TWO YEARS? YES NO

WHAT WOULD YOU LIKE TO EXPERIENCE AS AN HONORARY COMMANDER?

CLUBS, ORGANIZATIONS, AFFILIATIONS:

IF YOU WERE INVITED TO SPEAK, WHAT TOPICS WOULD YOU BE INTERESTED IN SHARING?

Choose all that apply:

Professional Experiences

Resiliency

Leadership

OTHER:

PERSONAL BIOGRAPHY AND PHOTO

Both are required to be considered - please speak to your impact in the community:

PLEASE RETURN TO:
325th FW/PA
COMMUNITY ENGAGEMENT
325fw.pa.publicaffairs@us.af.mil
850-283-3295