

This information is for official use only.
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And the Privacy Act of 1973
Completion of this form, or any portion of it, is voluntary.

15th WING HANAI AIRMAN PROGRAM

PLEASE PRINT CLEARLY

SPONSOR QUESTIONNAIRE

PRIMARY'S NAME (Title, Last, First, MI) _____ Birthdate _____
(MM-DD-YYYY)

SPOUSE'S NAME (Title, Last, First, MI) _____ Birthdate _____
(MM-DD-YYYY)

STREET ADDRESS: _____
CITY/ZIP CODE: _____
E-MAIL ADDRESS/ES: 1) _____ 2) _____
PHONE: (W) _____ (H) _____ (Cell) _____

OTHER ADULTS LIVING IN HOUSEHOLD:

NAME: _____	RELATIONSHIP _____	AGE: _____	SSN: _____
NAME: _____	RELATIONSHIP _____	AGE: _____	SSN: _____
NAME: _____	RELATIONSHIP _____	AGE: _____	SSN: _____
NAME: _____	RELATIONSHIP _____	AGE: _____	SSN: _____

Let us know if any of the information above changes, or if other family changes impacting Airman

STATUS: (Circle) Active Retired Reserve
 DOD Civilian Parent of Airman

RANK/GRADE: (Circle) Officer (O____) Enlisted (E____) Warrant (W____) Federal Service (GS____)

BRANCH: (Circle) Air Force Army Coast Guard Marines
 Navy

RELIGIOUS AFFILIATION: Agnostic/Atheist Baptist Buddhist Catholic
(Circle) Islamic/Muslim Jewish Methodist Mormon/LDS Unknown/Uncommitted
 Non-Denominational Christian Protestant Other: _____

MARITAL STATUS: Married Single Divorced Widowed
(Circle) Legally Separated

YOUR FAMILY'S HOME CITY/STATE: _____

FAMILY'S (2) FAVORITE SPORTS/HOBBIES: (1) _____ (2) _____

PREFERENCES: Rate your preferences by number, so we can appropriately match you to an Airman. (1 is least important)

Home State	1	2	3	4	5
Religious Affiliation	1	2	3	4	5
Sport/Hobby	1	2	3	4	5

Do you have any of the following in your home? (Circle all which apply)

Cats Dogs Other pets Smokers Young Children (ages) _____ Teenagers (ages) _____

Preferred number of Airman to sponsor at the same time _____

Special Request of Airman(s): *Please call or send us an e-mail to check for availability of specific Airman(s).*

If you have the name of a specific **Airman** you would like to sponsor, please list the **Airman's** name (Last, First) and his/her **gaining unit**. You may request to sponsor as many **Airman** as you wish.

(Last) _____	(First) _____	Unit _____
(Last) _____	(First) _____	Unit _____
(Last) _____	(First) _____	Unit _____

OFFICE USE ONLY:

ADDITIONAL INFORMATION _____

Date received _____ Date processed/ entered in database _____ Initials _____

Receipt sent _____
Revised **MAR 2019**