

## 47th Flying Training Wing Honorary Commander Nomination Form

**CURRENT PHOTO** 

<u>Instructions:</u> 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 47th Flying Training Wing Public Affairs.

PICK ON	E: SELF NOMINATION	RECOMMENDED BY:			
		SPOUSE'S NAME:			
		CAREER TYPE/FIELD:			
Air Force officials, c members a	and the installation. Civilian perhamber of commerce members, and others who, because of their	gram is to educate those with limited knowledge about the articipants will be selected among local or state elected principals of local schools, Military Affairs Committee position or influence in the community, have a positive ef:AFMAN 35-101, Chapter 5, Community Engagement)			
PLEASE I	HIGHLIGHT/CIRCLE THE AP	PROPRIATE RESPONSE.			
YES / NO	Is Nominee an immediate relative (s Training Wing Honorary Command	spouse, child, parent, sibling) of a current or former 47th Flying er?			
YES / NO	Is the Nominee a military retiree or are not eligible.	tary retiree or Guard or Reserve member? Retirees, Guard or Reserve members			
YES / NO	nominated to serve as a 47th Flying	s Nominee have a coworker/co-representative of his/her organization currently serving or being inated to serve as a 47th Flying Training Wing Honorary Commander in any given year? cludes: Chambers of Commerce or Military Affairs Committees).			
YES / NO		ewspaper, TV or radio reporter? If so, nominee is not eligible due to the conflict of g reporters unescorted access to the base and base leadership.			
YES / NO	Is Nominee a member of Congress	ess 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		he/she may contact their commander to terminate their service as an Honorary ected) at any time prior to their term tenure?			
YES / NO		inee aware, if selected and he/she does not fulfill the Honorary Commander responsibilities, g commander may terminate their term immediately?			
YES / NO	Is the nominee aware, that part of his per quarter?	s/her responsibilities include attending unit events at least once			

HOME ADDRESS	BUSIN	BUSINESS ADDRESS  LINE 1:  LINE 2:		
LINE 1:	LINE 1			
LINE 2:	LINE 2			
CITY/STATE:	CITY/S	TATE:		
HOME PHONE:	CELL:	OFFICE:		
E-MAIL ADDRESS:				
The following information is collected	for the purpose of a bac	ckground check to obtain a	access to base.	
NOMINEE'S FULL (LEGAL) NAM	Œ:			
NOMINEE'S NAME <b>EXACTLY</b> AS PRINTED ON DRIVER'S LICE	NSE:			
DRIVER'S LICENSE NUMBER & S DL#/STATE:			RTHDAY W/YEAR:	
The following biographical informations an attachment.	on can also be included/c	inswered in a separate resi	ume or professional biography	
			-	
	HONODA DV. COMA	AND EDIC BOOK AND		
THROUGHOUT THE YEAR, THE RUN FROM HOURS TO A FULL ACTIVITIES PER MONTH				
(CIRCLE ONE) DURING WORK HOURS?	ALF A DAY OR LESS	FULL DAY	NOT AVAILABLE	
(CIRCLE ONE) AFTER HOURS? 1-2 hrs	3-4 hrs 5	5-6 hrs 6+ hrs	NOT AVAILABLE	
PLEASE RETURN FORM TO:  50 L E	7th Flying Training Wing 61 Liberty Drive. Suite 112 aughlin AFB, Texas 78843 -mail: 47FTWPA.Tasker@ hone Number: Comm (830	2, Bldg 344, 3 @us.af.mil		