

NAS Patuxent River Host Family Application

Sponsor Number (to be assigned by the office):

First Name: _____

Last Name: _____

Birth Date (DD-MON-YYYY, e.g. 02-FEB-1968): _____

PRIVACY ACT STATEMENT

AUTHORITY: Title 5 U.S.C. S301

PRINCIPAL PURPOSE: To assist NAS Patuxent River to manage the NAS Patuxent River Host Family Program.

ROUTINE USE: This information is used to assign Sailors to Host Families, to maintain a record of the names and addresses of families assigned as sponsors who are interested in the Host Family program, and to contact sponsors either by phone or written correspondence. NAS Patuxent River will also use the information to conduct background checks available through national, state, local agency and NCIC databases.

DISCLOSURE: Disclosure is voluntary. Failure to provide the requested information will result in NAS Patuxent River's inability to endorse you as a sponsor.

Collection of this information comes under the PRIVACY ACT STATEMENT.

We appreciate your interest in the Host Family program at NAS Patuxent River. Please read the Application Instructions thoroughly and complete each section in the space provided. This application will be evaluated for the current sponsor year. Sponsors must be at least 28 years old and live within 30 miles of the Patuxent River Naval Base. In addition, active duty military families must have rank of E-7 or O-3 and above.

If you have any questions, please contact the Host Family Program Coordinator at 301-995-2754 or MWR Admin Office at 301-342-0942.

PERSONAL INFORMATION

Title: _____ (Mr, Mrs, Ms, Miss)

First Name: _____ (required)

Preferred Name: _____

Last Name: _____ (required)

Name Suffix: ____

Gender: _____ (required)

Birth Date (DD-MON-YYYY, e.g. 02-FEB-1968): _____ (required)

Marital Status: _____ (required)

Home Address (required):

City: _____

State: _____ Zip Code: _____

Email Address: _____ (required)

Home Phone Number: _____ (required)

Work Phone Number: _____

Cell Phone Number: _____

If you are on Active Duty, in the Reserves, or Retired from the U.S. Armed Forces, please indicate the Military Branch, Rank/Rate, and current Military Status.

Military Branch: _____

Rank/Rate: _____

Military Status: _____

Current Employer: _____

Employer Phone Number: _____

Occupation: _____

SPOUSE INFORMATION

If married, please provide the following information concerning your spouse. This information is required so that your household can be accurately evaluated for participation. All information is required, except Spouse Employer Information and occupation.

Spouse First Name: _____

Spouse Preferred Name: _____

Spouse Last Name: _____

Birth Date (DD-MON-YYYY, e.g. 02-FEB-1968): _____

Spouse Employer: _____

Spouse Employer Address:

Spouse Employer phone Number: _____

Spouse Occupation: _____

Has your spouse ever been convicted of a felony, domestic violence, drug-related offense, sex offense, DWI/DUI, or had their driver's license revoked? (required)

_____ (yes, no)

If yes, give a complete description of the incident(s). State where and when each incident occurred, the nature of the offense(s) and the date and disposition of the case(s).

HOUSEHOLD and GENERAL SAILOR PREFERENCES

To assist the Sponsor Program office in matching you with a suitable Sailor, please indicate your general household information and Sailor preferences.

Children: _____ Total Number

____ / _____ Number of Boys / ages

____ / _____ Number of Girls / ages

Do you allow smoking? (circle answer) YES NO

Number of Sailors you wish to sponsor _____

Sailor Gender Desired _____

Sailor Home State _____

Military Background _____

Do you prefer a non-smoker? (circle answer) YES NO

Indicate your top five interests from the following categories:

SPORTS

- | | | | |
|-------------------------------------|-------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Football | <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Skiing |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Boxing | <input type="checkbox"/> Hockey | <input type="checkbox"/> Running | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Weightlifting | <input type="checkbox"/> Wrestling |

OUTDOOR ACTIVITIES

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Auto Racing/Cars | <input type="checkbox"/> Flying/Aeronautics | <input type="checkbox"/> Horses | <input type="checkbox"/> Running |
| <input type="checkbox"/> Boating/Sailing | <input type="checkbox"/> Gardening | <input type="checkbox"/> Hunting/Shooting | <input type="checkbox"/> Scuba Diving |
| <input type="checkbox"/> Crabbing/Fishing | <input type="checkbox"/> Hiking/Camping | <input type="checkbox"/> Sky Diving | <input type="checkbox"/> Water Sports |

CRAFTS

- | | | | |
|--------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Antiques | <input type="checkbox"/> Collecting | <input type="checkbox"/> Cooking | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Art/Drawing | <input type="checkbox"/> Computers | <input type="checkbox"/> Woodworking | |

MUSIC

- | | | | |
|--------------------------------------|------------------------------------|----------------------------------|---|
| <input type="checkbox"/> All Music | <input type="checkbox"/> Classical | <input type="checkbox"/> Country | <input type="checkbox"/> Rhythm & Blues |
| <input type="checkbox"/> Alternative | <input type="checkbox"/> Rap/R&B | <input type="checkbox"/> Rock | |

HOBBIES/PASTIMES

- | | | | |
|---------------------------------------|------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Board Games | <input type="checkbox"/> Languages | <input type="checkbox"/> Philosophy | <input type="checkbox"/> Scouting |
| <input type="checkbox"/> Card Playing | <input type="checkbox"/> Movies | <input type="checkbox"/> Politics | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Museums | <input type="checkbox"/> Reading | <input type="checkbox"/> Television |
| <input type="checkbox"/> History | <input type="checkbox"/> Theater | <input type="checkbox"/> Travel | <input type="checkbox"/> Writing |

Please prioritize your preferences for selecting Sailors below. Preferences should be ranked highest, Priority 1, to lowest, Priority 5.

Time in service: _____

Religious preference: _____

Racial preference: _____

Smoking preference: _____

Age: _____

SPECIFIC SAILOR REQUEST

If you wish to sponsor a particular Sailor, please enter their information in the following section. If unavailable, assignment will be addressed by general household information and Sailor preferences. All information is required.

Last Name: _____

First Name: _____

Home State: _____

Is the Sailor aware of your request? (circle answer) YES NO

GATE AND VEHICLE PASS INFORMATION

Please enter your vehicle information for the NAS Patuxent River Host Family program. Information for at least one vehicle must be entered. All vehicle information must be entered.

Year: _____ Model: _____ Make: _____

Color: _____ State Registered: ____ License Plate number: _____

TRAINING INFORMATION

Sponsors are required to attend training every 3 years. If selected, we will contact you with the next available training date.

ADDITIONAL COMMENTS AND SPECIAL CONSIDERATIONS

PRIVACY ACT STATEMENT Authority: Title 5 USC Ch 301; Title 10 USC Ch 403 Sec 4346, Ch 505 Sec 5031, Ch 603 Sec 6958; Title 44 USC 3101; EO 9397. AUTHORIZE USE of data requested for PURPOSES of evaluation by the Military Bases. SSN and/or SERIAL NUMBER are required for identification. DISCLOSURE IS VOLUNTARY; however, failure to provide information could preclude appointment. RELEASE AUTHORIZATION: Submission of this application constitutes requisite written authority by the party above whom the record is maintained for release by the following individuals/entities: Host Family Coordinator, Host Family Director, NAS Patuxent River Commanding Officer, and to parent of legal guardian of record. Release to any other individual/entity is only as permissible by law.