



HONORARY COMMANDER NOMINATION FORM

FULL NAME:

SPOUSE NAME:

EMPLOYER:

TITLE:

PHONE NUMBER:

EMAIL:

HOME ADDRESS:

DATE OF BIRTH:

WHY WOULD YOU LIKE TO BE AN HCC?

PREFERRED DAY OF THE WEEK AND TIME FOR EVENTS:

ARE YOU AN EMPLOYEE OF THE FEDERAL GOV? 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?

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 Stories

Leadership Stories

OTHER:

PERSONAL BIOGRAPHY AND PHOTO

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

PLEASE RETURN TO:
COMMUNITY ENGAGEMENT
20th FW/PA

20fwpublicaffairs@us.af.mil / (803) 895-2019