27th Special Operations Wing
Honorary Commander Nomination Form

Instructions: ***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 27th Special Operations Wing Public Affairs.***

PICK ONE: ☐ **SELF NOMINATION** ☐ **RECOMMENDED BY:** _____

NOMINEE'S FULL NAME: _____ **SPOUSE'S NAME**: _____

JOB TITLE/AFFILIATION: _____ **CAREER TYPE/FIELD:** _____

The intent of an honorary commanders program is to educate about the Air Force, AFSOC, and the wing. Civilian participants will be selected among local or state elected officials, chamber of commerce members, principals of local schools, Military Affairs Committee members and others who, because of their position or influence in the community, have a positive impact on the public support for the base. (Ref:AFMAN 35-101, Chapter 5, Community Engagement)

PLEASE HIGHLIGHT/CIRCLE THE APPROPRIATE RESPONSE.

YES / NO Is Nominee an immediate relative (spouse, child, parent, sibling) of a current or former 27th Special Operations Wing Honorary Commander?

YES / NO Is the Nominee a military retiree or Guard or Reserve member? Retirees, Guard or Reserve members are not eligible.

YES / NO Does Nominee have a coworker/co-representative of his/her organization currently serving or being nominated to serve as a 27th Special Operations Wing Honorary Commander in any given year? (Excludes: Chambers of Commerce or Military Affairs Committees).

YES / NO Is Nominee a newspaper, TV or radio reporter? If so, nominee is not eligible due to the conflict of interest allowing reporters unescorted access to the base and base leadership.

YES / NO Is Nominee a member of Congress 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 Is Nominee aware he/she may contact their commander to terminate their service as an Honorary Commander (if selected) at any time prior to their term tenure?

YES / NO Is Nominee aware, if selected and he/she does not fulfill the Honorary Commander responsibilities, the wing commander may terminate their term immediately?

YES / NO Is the nominee aware, that part of his/her responsibilities include attending unit events at least once per quarter?

The information provided on this worksheet is covered by the Privacy Act of 1974, IAW AFI 37-132

HOME ADDRESS	BUSINESS ADDRESS
LINE 1:_____	LINE 1:_____
LINE 2:_____	LINE 2:_____
CITY/STATE:_____	CITY/STATE: _____
HOME PHONE:_____ CELL:_____	OFFICE: _____
E-MAIL ADDRESS: _____	

The following information is collected for the purpose of a background check to obtain access to base.

NOMINEE'S FULL (LEGAL) NAME: _____

NOMINEE'S NAME EXACTLY
AS PRINTED ON DRIVER'S LICENSE: _____

DRIVER'S LICENSE NUMBER & STATE ISSUED:
DL#_____ /STATE:_____

NOMINEE'S BIRTHDAY W/YEAR:
(MM/DD/YYY) ____ /____/_____

The following biographical information can also be included/answered in a separate resume or professional biography as an attachment.

WHY DO YOU WANT TO TAKE PART IN THE HONORARY COMMANDER PROGRAM?

_____

_____

_____

_____

_____

_____

_____

_____

THROUGHOUT THE YEAR, THE HONORARY COMMANDER'S PROGRAM INCLUDES ACTIVITIES THAT RUN FROM HOURS TO A FULL DAY IN DURATION. HOW MUCH TIME CAN YOU DEVOTE TO BASE ACTIVITIES PER MONTH…

(CIRCLE ONE)
DURING WORK HOURS? HALF A DAY OR LESS FULL DAY NOT AVAILABLE

(CIRCLE ONE)
AFTER HOURS? 1-2 hrs 3-4 hrs 5-6 hrs 6+ hrs NOT AVAILABLE

PLEASE RETURN FORM TO:	27th Special Operations Wing Public Affairs 511 Chindit Blvd. Suite 126, Bldg 300, Cannon AFB, New Mexico 88101 E-mail: 27sowpa.publicaffairs@us.af.mil Phone Number: Comm (575)-784-4131

The information provided on this worksheet is covered by the 874, IAW AI 37-132