

PLEASE RETURN TO:
1020 20th Ave SW, PO Box 940
Minot, ND 58701

Email: chamber@minotchamberedc.com
Phone: (701) 852-6000

HOST APPLICATION



PLEASE PRINT CLEARLY

Host NAME (Last, First, Middle): _____

Host NAME (Spouse/Significant other in Household)(Last, First, Middle): _____

EMPLOYER / OCCUPATION: _____

ADDRESS: _____

CITY / ZIP: _____

Host Email: _____ Spouse/Significant other Email: _____

Host Phone: _____ Spouse/Significant other Phone: _____

Please check here if your contact information in this box is releasable to the Airman's parents and base staff members

Do you have children? Yes / No

Age and Gender of children in the household:

Do you have pets? Cats Dogs Other: How Many?

ACTIVITIES /HOBBIES: (Circle all that apply)	Cats	Dogs	Other:	How Many?
Animals		Cooking / Baking	Horseback Riding	Skiing / Snowboarding
Archery		Crafting / Quilting / Sewing	Hunting	Swimming
Aviation		Dancing	Models	Tennis
Do you prefer:	Baseball / Softball	Fishing	Musical Instruments	TV/ Movies
Indoor Activities	Basketball	Football	Painting / Sculpting	Video Games / Computers
Outdoor Activities	Biking	Gardening	Photography	Volunteering
	Board / Card Games	Golf	Racquetball	Watching Sports
	Books / Reading	Hiking	Running	Watersports
	Camping / Backpacking	Hockey	Skateboarding	Other:

FOOD INTERSTS: (Circle all that apply)	African	French	Japanese	Seafood
Allergies:	American	German	Korean	Soul Food
	BBQ	Gluten Free	Kosher / Halal	Thai
	Cajun	Greek	Mediterranean	Vegetarian / Vegan
	Caribbean	Indian	Mexican	Vietnamese
	Chinese	Italian	Middle Eastern	Other:

TELEVISION / MOVIE INTEREST: (Circle all that apply)	Action	Crime Dramas	Martial Arts	Sports
	Adventure	Documentary	Musicals	Superhero
	Anime	Drama	Mystery	Thriller
	Biographical	History	Reality TV	War Films
	Children / Family	Horror	Romance	Western
	Comedy	Indie Films	Sci-Fi / Fantasy	Other:

MUSICAL INTEREST: (Circle all that apply)	Alternative	Gospel	Oldies	Reggae
	Classical	Hip-Hop / R&B	Pop	Rock
	Country / Folk	Jazz / Blues	Punk	Swing / Big Band
	Electronic / Dance	Metal	Rap	Other:

MARITAL STATUS: (Circle) Married Single Separated Prefer not to answer

ETHNICITY: (Circle all that apply) African American Asian Hispanic / Latino Other
American Indian Caucasian Pacific Islander Prefer not to answer

RELIGIOUS PREFERENCE: _____ LANGUAGES SPOKEN: _____

Are you willing to take an airman that is struggling? _____

Do you smoke? Yes / No Are you willing to have an airman that smokes? Yes/ No

Any health concerns or physical limitations the matching committee should be aware of? _____

Do you have base access? Yes / No How many Airmen are you willing to host? _____

Preferred Method of Communication? Text Email Call

Airman gender request: Male Female No Preference

Any additional comments / desires? _____

How did you hear about this program? _____

Personal Reference: Name (First, Last): _____ Phone: _____

Name (First, Last): _____ Phone: _____

AIRMAN SPECIAL REQUEST

NAME (Last, First): _____

I authorize my background report, including investigative consumer reports. I also authorize the following agencies and entities to disclose to the Background Check Company and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. The information that can be disclosed to the Background Check Company and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

Host SIGNATURE: _____ DATE: _____

Host ID # (STATE ID/ DRIVERS LICENSE): _____ STATE ISSUED: _____

Host DATE OF BIRTH (MM/DD/YYYY): _____

Host SIGNATURE: _____ DATE: _____

Host ID # (STATE ID/ DRIVERS LICENSE): _____ STATE ISSUED: _____

Host DATE OF BIRTH (MM/DD/YYYY): _____

Minot Air Force Base Adopt an Airman Program
Family Member
RELEASE AND LIABILITY WAIVER

1. I _____, volunteer to participate in the Adopt an Airman Program (Program). I understand that foreseeable and unforeseeable risks and dangers may arise from the negligence, misconduct, malfeasance, or tortuous actions of Program participants, which might lead to personal injury, property damage, or death. I understand that my execution of this Release and Liability Waiver is a prerequisite for voluntary participation in the Program.
2. I do hereby forever waive all claims of liability and release all United States Air Force entities to include, Minot Air Force Base, and all affiliated units and commanders from all civil liability, claims, and lawsuits which may arise from my participation in the Program or from the negligence, misconduct, malfeasance, or tortuous actions of Program participants.
3. I do hereby forever waive all claims of liability and release the Adopt an Airman Program, the Minot Chamber of Commerce and It's Military Affairs Committee, its Directors, Officers, Agents, and Employees, from all civil liability, claims, and lawsuits which may arise from my participation in the Program, and from the negligence, misconduct, malfeasance, or tortuous conduct of Program participants.
4. I do hereby agree to assume full responsibility for my safety and indemnify, save, hold harmless, and defend the Government of the United States, its departments, agencies, employees, officers, and agents acting officially or otherwise, from any and all liability, claims, demands, and actions that may occur, resulting from my participation in the Program. This Release and Liability Waiver shall bind all of my heirs, successors, and assigns.
5. Further I hereby agree to assume full responsibility for my own safety, and I shall indemnify, save, and hold harmless, and defend Minot Adopt an Airman Program, its Directors, Officers, Agents, and Employees from any and all liability, claims, demands, and actions that may occur, resulting from my participation in the Program. This Waiver of Liability Release and Indemnification shall be binding upon my heirs, successors, and assigns.
6. I understand that my acceptance into the Program is subject to review by the Board of Directors in accordance with Program's rules and completion of a background check.
7. I agree to the release of personal information provided by me in the Program's Adopt an Airman Family Questionnaire only to the Program's Board of Directors and the participating Airman I sponsor.
 8. This Release and Liability Waiver shall NOT affect my ability to personally sue, file claims against, or file police reports concerning the Airman I sponsor.
 9. I hereby acknowledge that I have read and understand the foregoing, and voluntarily agree to its terms.
10. Host families are advised that the Adopt an Airman Program has a "no alcohol policy" for all official events. Use of alcohol in the host family's home is always at your discretion, but host families are reminded that consumption of alcohol by underage military members is a crime in Wyoming and the military. A conviction under Wyoming law or the UCMJ will have serious repercussions to the military member's career. It is also a violation of Wyoming law to provide alcohol to minors unless you are their parent or guardian.

Name (Printed)

Signature

Date