

AIRMAN APPLICATION



PLEASE PRINT CLEARLY

NAME (Last, First, Middle): _____ Gender: _____
 Spouse/Significant other NAME (Last, First, Middle): _____
 RANK / UNIT: _____
 HOME CITY AND STATE: _____
 What shift do you work? _____
 Age: _____
 Airman Phone: _____ Spouse/Significant other Phone: _____
 Airman Email: _____ Spouse/Significant other Email: _____

Do you have animal allergies? _____
 Would you prefer your sponsor to be single or partnered? Single Partnered No Preference
 Would like a family with kids? Yes / No / No Preference Small Children (under 5 years old): Yes / No Youth (6-12): Yes / No
 Teenagers (13-18): Yes / No

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

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

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:

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

RELIGIOUS PREFERENCE:	LANGUAGES SPOKEN:
Do you smoke? Yes / No	Are you willing to have a host family that smokes? Yes / No
Any health concerns or physical limitations the matching committee should be aware of? _____	
Do you possess transportation? Yes / No	
Preferred Method of Communication? Text Email Call	
Any additional comments / desires? _____	

HOST FAMILY SPECIAL REQUEST	
NAME (Last, First): _____	Phone: _____

AIRMAN SIGNATURE: SPOUSE/SIGNIFICANT _____	DATE: _____
OTHER SIGNATURE: _____	DATE: _____

**Minot AFB Adopt an Airman Program
Service Member
WAIVER OF LIABILITY AND INDEMNIFICATION**

1. I _____ (Name, Rank, Service Affiliation), volunteer to participate in the Minot Adopt an Airman Program (Program). I understand that foreseeable and unforeseeable risks may arise from my participation, as a result of the negligence, malfeasance, or tortuous conduct of Program participants, which might lead to personal injury, property damage, or death. I understand that my participation is contingent upon my execution of this Waiver of Liability and Indemnification.
2. I do hereby forever waive all claims of liability and release the Adopt an Airman Program, the Greater Cheyenne Chamber of Commerce, 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.
3. I hereby 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, successor, and assigns.
4. I hereby acknowledge that I have read the foregoing, and all the Rules, Regulations, and Guidelines for my participation provided to me, and that I understand my responsibility to abide by the Rules, Regulations, and Guidelines provided me by the Program. Any failure on my part to so abide by these rules may lead to the termination of my participation. I voluntarily agree to all these terms and conditions.

Name (Printed)

Signature

Date