

AIRMAN APPLICATION

NAME (Last, First): _____		GENDER: _____	
SPOUSE NAME (Last, First): _____		GENDER: _____	
RANK & UNIT: _____		DATE OF BIRTH: _____	
What shift do you work? _____		Do you work weekends? Yes / No	
Home City & State: _____		Do you possess transportation? Yes / No	
Contact Info: _____ <i>Please Print VERY Clearly!</i>		Airman's Cell Phone: _____	
Airman's Email: _____		Spouse's Cell Phone: _____	
Do you have animal allergies? Yes / No		Do you smoke/vape? Yes / No	
Do you prefer your host to be single or partnered? _____		Are you willing to have a host that smokes/vapes? Yes / No	
Would like a host with kids? Yes / No / No Preference		Any health concerns or physical limitations the matching committee should be aware of? _____	
		Single _____ Partnered _____ No Preference _____	
		Small Children (under 5 years old): Yes / No _____ Youth (6-12): Yes / No _____	
		Teenagers (13-18): Yes / No _____	
SEXUAL ORIENTATION: _____		Heterosexual _____ Homosexual _____ Other _____ Prefer Not to Answer _____	
ETHNICITY: (Circle all that apply) _____		African American _____ Caucasian _____ Inter-Racial _____ Pacific Islander _____	
		Asian _____ Hispanic _____ Native American _____ Prefer Not to Answer _____	
RELIGIOUS PREFERENCE: _____		LANGUAGES SPOKEN: _____	
ACTIVITIES /HOBBIES: _____ <i>(Circle all that apply)</i>		Animals _____ Cars / Motorcycles / Mechanics _____ Hockey _____ Running _____	
		Archery _____ Cooking / Baking _____ Horseback Riding _____ Skateboarding _____	
		Aviation _____ Crafting / Quilting / Sewing _____ Hunting / Shooting _____ Skiing / Snowboarding _____	
Do you prefer: _____		Baseball / Softball _____ Dancing _____ Martial Arts _____ TV / Movies _____	
Indoor Activities _____		Basketball _____ Fishing _____ Models _____ Video Games _____	
Outdoor Activities _____		Biking _____ Football _____ Musical Instruments _____ Volunteering _____	
		Board / Card Games _____ Gardening _____ Painting / Sculpting _____ Watching Sports _____	
		Books / Reading _____ Golf _____ Photography _____ Watersports / Swimming _____	
		Camping / Backpacking _____ Hiking _____ Racquetball / Tennis _____ Other: _____	
FOOD INTERESTS: _____ <i>(Circle all that apply)</i>		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: _____ <i>(Circle all that apply)</i>		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: _____ <i>(Circle all that apply)</i>		Alternative _____ Gospel _____ Oldies _____ Reggae _____	
		Classical _____ Hip-Hop / R&B _____ Pop _____ Rock _____	
		Country / Folk _____ Jazz / Blues _____ Punk _____ Swing / Big Band _____	
		Electronic / Dance _____ Metal _____ Rap _____ Other: _____	
ADDITIONAL COMMENTS: _____ <i>Add other interests or clarify responses</i>			
HOST FAMILY SPECIAL REQUEST			
NAME (Last, First): _____		Spouse Name: _____	
Address: _____		City / Zip: _____	
		Phone: _____	
Are they an active / registered host family? _____		Yes / No _____	
<i>If not, please provide an email address where a host family packet may be sent to. You will be assigned to your preferred family when all completed requirements from the family are received and processed.</i>			
Preferred family's email address to send host packet: _____			

AIRMAN SIGNATURE: _____

SPOUSE SIGNATURE: _____

TODAY'S DATE: _____

TODAY'S DATE: _____

Adopt an Airman WYO

AIRMAN RELEASE AND LIABILITY WAIVER



1. I _____ (Name, Rank, Service Affiliation), volunteer to participate in the F.E. Warren Adopt an Airman
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,
3. I hereby assume full responsibility for my own safety, and I shall indemnify, save, and hold harmless, and defend F.E. Warren Adopt an Airman Program, its
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