

NAS Patuxent River Sailor Questionnaire

As a single/unaccompanied Sailor, you are provided the unique opportunity to be paired with a Host Family. Host families are local families who voluntarily open their homes to provide a “home away from home” for Sailors E-1 through E-6 during their tour at NAS Patuxent River. Sponsor families will provide the necessary understanding and encouragement to both new and seasoned Sailors, along with the opportunity to learn more about a Sailor’s life at Patuxent River Naval Base.

Although participation is optional, you must submit a Sailor Questionnaire to let us know more about you so that we can pair you with a family of like interests. Please read the application instructions thoroughly and complete each section in the space provided.

If you have questions concerning your Sailor Questionnaire, please contact the Host Family Program coordinator, CS2 Jeremy Andersen, at jeremy.j.andersen@navy.mil or (301) 995-2754.

FIRST NAME, MIDDLE INITIAL, LAST NAME: _____

Personal information: (please circle correct response)

1. Pet allergies? YES NO
2. Religious Background: _____
3. Do you smoke? YES NO
4. Indicate your top 5 interests from the following categories:

SPORTS

- | | | | |
|-------------------------------------|-------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Football | <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Skiing |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Boxing | <input type="checkbox"/> Hockey | <input type="checkbox"/> Running | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Weightlifting | <input type="checkbox"/> Wrestling |

OUTDOOR ACTIVITIES

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Auto Racing/Cars | <input type="checkbox"/> Flying/Aeronautics | <input type="checkbox"/> Horses | <input type="checkbox"/> Running |
| <input type="checkbox"/> Boating/Sailing | <input type="checkbox"/> Gardening | <input type="checkbox"/> Hunting/Shooting | <input type="checkbox"/> Scuba Diving |
| <input type="checkbox"/> Crabbing/Fishing | <input type="checkbox"/> Hiking/Camping | <input type="checkbox"/> Sky Diving | <input type="checkbox"/> Water Sports |

CRAFTS

- Antiques Collecting Cooking Photography
- Art/Drawing Computers Woodworking

MUSIC

- All Music Classical Country Rhythm & Blues
- Alternative Rap/R&B Rock

HOBBIES/PASTIMES

- Board Games Languages Philosophy Scouting
- Card Playing Movies Politics Shopping
- Dancing Museums Reading Television
- History Theater Travel Writing

Host Family Preference:

To assist the Host Family Program Office in matching you with a suitable family, please indicate your Host Family preferences by circling the correct answer.

Family with children	YES	NO
Marital Status	MARRIED	DIVORSED SEPERATED
Family with pets	YES	NO
Racial Preference (If YES, please write in preference) _____	YES	NO
Restrict family selection based on racial preference?	YES	NO
Religious Preference (If YES, please write in preference) _____	YES	NO
Restrict family selection based on religious preference?	YES	NO
Smoking Preference	YES	NO
Restrict family selection based on smoking preference?	YES	NO

Requested Host Family Information:

If you know someone who is at least 28 years old and lives within 30 miles of NAS Patuxent River and you would like to have them as your Host Family, please complete the following section. When indicating a requested family, ALL fields but email address and phone number is required.

FIRST NAME _____

LAST NAME _____

HOME ADDRESS _____

EMAIL ADDRESS _____

CONTACT PHONE NUMBER _____

Is your requested Host Family aware of your request? YES NO

Do you want your Host Family assignment limited to this family only? YES NO

*If you chose "yes" and this family is not available, you will not be assigned another available family

Additional Comments/Remarks:

I certify the above information to be correct:

Name and Date

PRIVACY ACT STATEMENT Authority: Title 5 USC Ch 301; Title 10 USC Ch 403 Sec 4346, Ch 505 Sec 5031, Ch 603 Sec 6958; Title 44 USC 3101; EO 9397. AUTHORIZE USE of data requested for PURPOSES of evaluation by the Military Bases. SSN and/or SERIAL NUMBER are required for identification. DISCLOSURE IS VOLUNTARY; however, failure to provide information could preclude appointment. RELEASE AUTHORIZATION: Submission of this application constitutes requisite written authority by the party above whom the record is maintained for release by the following individuals/entities: Host Family Coordinator, Host Family Director, NAS Patuxent River Commanding Officer, and to parent of legal guardian of record. Release to any other individual/entity is only as permissible by law.