

**MILITARY RESERVE EXCHANGE PROGRAM
Officer/Non-Commissioned Officer Application**

1. PROGRAM YEAR		2. RESERVE COMPONENT <i>(X as applicable) (If National Guard, complete item 3.)</i>			
		<input type="checkbox"/> Army National Guard	<input type="checkbox"/> Air National Guard	<input type="checkbox"/> Army Reserve	<input type="checkbox"/> Navy Reserve
		<input type="checkbox"/> Air Force Reserve	<input type="checkbox"/> Marine Corps Reserve	<input type="checkbox"/> Coast Guard Reserve	
3. NATIONAL GUARD <i>(If applicable)</i>			4. RANK	5. ANTICIPATED PROMOTION DATE	
a. STATE		b. STATE OML			
6. NAME: a. LAST		b. FIRST		c. MIDDLE	
				7. GENDER <i>(X one)</i>	
				<input type="checkbox"/> Male	<input type="checkbox"/> Female
8. HOME ADDRESS <i>(Street, Apartment Number, City, State and ZIP Code)</i>				9. TELEPHONE NUMBERS <i>(Include Area Code)</i>	
<div style="border: 1px solid black; height: 60px; width: 100%;"></div>				a. HOME	
				b. CELLULAR	
10. PRIMARY EMAIL ADDRESS			11. SECONDARY EMAIL ADDRESS		
12. PASSPORT(S)		a. OFFICIAL: Number	Expires:	b. TOURIST: Number	Expires:
13. CIVILIAN OCCUPATION/POSITION				14. WORK TELEPHONE NO. <i>(Include Area Code)</i>	
15. CIVILIAN EDUCATION					
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>					
16.a. MILITARY UNIT OF ASSIGNMENT:					
b. UNIT POINT OF CONTACT AND ADDRESS				c. UNIT TELEPHONE NO. <i>(Include Area Code/DSN)</i>	
				d. UNIT EMAIL ADDRESS	
e. DUTY POSITION/TITLE					
f. UNIT ROLES/RESPONSIBILITIES					
17. PRIMARY MOS/AFSC/DESIGNATOR/RATING		18. SECONDARY MOS/AFSC/DESIGNATOR/RATING		19. LEVEL OF SECURITY CLEARANCE AND EXPIRATION	

20. LAST FITNESS ASSESSMENT DATE	21. MEDICALLY DEPLOYABLE (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No	
22. PERMANENT PROFILES (X one) <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, what for?):		
23. HAVE YOU PARTICIPATED IN THE EXCHANGE PROGRAM BEFORE? (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No		
24. PAST MILITARY ASSIGNMENTS 		
25. DESIRED EXCHANGE (X all that apply) <input type="checkbox"/> Denmark <input type="checkbox"/> Estonia <input type="checkbox"/> Germany <input type="checkbox"/> United Kingdom <input type="checkbox"/> Other:		
26. DESCRIBE OPPORTUNITIES YOU WOULD LIKE TO EXPERIENCE 		
27.a UNIT ANNUAL TRAINING DATES AND LOCATION(S): 		
b. IF REQUIRED, CAN YOU ATTEND TWO ANNUAL TRAINING PERIODS? <input type="checkbox"/> Yes <input type="checkbox"/> No		
c. ANY PERIODS YOU ARE UNABLE TO ATTEND ANNUAL TRAINING OVERSEAS 		
28. LANGUAGE PROFICIENCY (Not mandatory) 		
29. APPLICANT		
a. SIGNATURE (Digital)	b. DATE SIGNED	c. EMAIL
30. SUPERVISOR		
a. SIGNATURE (Digital)	b. DATE SIGNED	c. EMAIL
31. COMMANDER'S APPROVAL		
<p>Commander's signature recommending participation in the exchange program and certifying the member is worldwide deployable, is not a medical profile, and successfully passed service specific Fitness Assessment. The Unit Commander is also validating that he/she may serve as the U.S. host unit , when applicable, for a British, Danish, Estonian, German, or other partner nation participant during the unit's Annual Training. The U.S. host unit is responsible for local transportation, lodging, mess, and training for the foreign participant as indicated in the appropriate partner nation memorandum of understanding.</p>		
a. SIGNATURE (Digital)	b. DATE SIGNED	c. EMAIL