

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

1. PROGRAM YEAR		2. RESERVE COMPONENT AND STATUS <i>(If National Guard, complete item 3.)</i> Component: <input type="text"/> Status: <input type="text"/>	
3. NATIONAL GUARD <i>(If applicable)</i> a. STATE <input type="text"/> b. STATE OML <input type="text"/>		4. RANK	5. ANTICIPATED PROMOTION DATE
6. NAME: a. LAST <input type="text"/> b. FIRST <input type="text"/> c. MIDDLE <input type="text"/>		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> <input type="text"/>		9. TELEPHONE NUMBERS <i>(Include Area Code)</i> a. HOME <input type="text"/> b. CELLULAR <input type="text"/>	
10. PRIMARY EMAIL ADDRESS		11. SECONDARY EMAIL ADDRESS	
12. PASSPORT(S)	a. OFFICIAL: Number <input type="text"/> Expires: <input type="text"/>	b. TOURIST: Number <input type="text"/> Expires: <input type="text"/>	
13. CIVILIAN OCCUPATION/POSITION		14. WORK TELEPHONE NO. <i>(Include Area Code)</i>	
15. CIVILIAN EDUCATION			
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 (<i>X one</i>)	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. PERMANENT PROFILES (<i>X one</i>)			
<input type="checkbox"/> No		<input type="checkbox"/> Yes (<i>If yes, what for?</i>):	
23. HAVE YOU PARTICIPATED IN THE EXCHANGE PROGRAM BEFORE? (<i>X one</i>)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. PAST MILITARY ASSIGNMENTS			
25. DESIRED EXCHANGE (<i>X all that apply</i>)			
<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 (<i>Not mandatory</i>)			
29. APPLICANT			
a. SIGNATURE (<i>Digital</i>)	b. DATE SIGNED	c. EMAIL	
30. SUPERVISOR			
a. SIGNATURE (<i>Digital</i>)	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 (<i>Digital</i>)	b. DATE SIGNED	c. EMAIL	