



**DEPARTMENT OF THE AIR FORCE
4TH FIGHTER WING (ACC) SEYMOUR
JOHNSON AIR FORCE BASE NC**

29 Mar 2023

MEMBER'S STATEMENT OF UNDERSTANDING

I _____, DSN: _____ am a United States Air Force active duty member who possesses exceptional military bearing, as well as image, and I exemplify the Air Force Core Values. I am a willing participant/volunteer for the Seymour Johnson AFB Honor Guard. I was not forced by my leadership to be a part of this program. I understand that I will be responsible for 92 counties, and 42K square miles of AOR throughout North Carolina, Virginia, and West Virginia. I understand that I will incur a 1 year commitment during my time here at SJAFB Honor Guard. During this time, I will not willingly enter into any agreements that will prevent me from fulfilling my 1 year commitment. I understand that my ability to take leave may be limited during my time here. I also understand that if I am unable to master the Honor Guard ceremonial movements as well possess an exceptional military image, that I may be removed from the Honor Guard program. Lastly, I acknowledge that I am an Airman of the highest caliber and that my signature below is confirmation of my commitment to the SJAFB Honor Guard.

APPLICANTS RANK/NAME

APPLICANTS SIGNATURE

CELL PHONE NUMBER

DUTY PHONE NUMBER

SUPERVISOR'S STATEMENT OF UNDERSTANDING

I recommend the above individual for entry into the SJAFB Honor Guard program. I acknowledge that my member possesses all qualities outlined in **ATTACHMENT 1, QUALIFICATIONS**. I DID NOT force my member to volunteer for the SJAFB Honor Guard. I acknowledge that my member is of high character, and I trust my subordinate to conduct themselves professionally while representing the USAF to the local community. I also acknowledge that my member is not behind on their UGT, and will incur a 1 year commitment which will oftentimes take them out of my immediate section. I acknowledge that my member, while on inactive status will be required to attend a bi-monthly training at the Honor Guard facility the first and third Monday of each month.

SUPERVISOR RANK/NAME

SUPERVISOR SIGNATURE

CELL PHONE NUMBER

DUTY PHONE NUMBER

FIRST SERGEANT'S RECOMMENDATION & ACKNOWLEDGEMENT

I recommend the above individual for the Seymour Johnson Air Force Base Honor Guard. I have discussed with the member the importance and relevance of the Honor Guard program to the USAF and the local community. I acknowledge that if the member is not capable of perfecting drill movements for the use of Ceremonial Funeral Honors and Color Guard that the member may be returned and a replacement member will be required. Furthermore, I am aware that the member will incur a one year commitment to SJAFB Honor Guard with a six month active and six month inactive time and a bi-monthly training the first and third Monday of each month at the Honor Guard facility. Lastly, I have reviewed the member's records, and there are no indicators of poor discipline, or character.

FIRST SERGEANT RANK/NAME

FIRST SERGEANT SIGNATURE

CELL PHONE NUMBER

DUTY PHONE NUMBER

COMMANDER'S RECOMMENDATION & ACKNOWLEDGEMENT

I recommend the above individual for the Seymour Johnson Air Force Base Honor Guard. Furthermore, I am aware that the member will incur a one year commitment to SJAFB Honor Guard with a six month active and six month inactive time and a bi-monthly training the first and third Monday of each month at the Honor Guard facility. Lastly, I will do my utmost to support my Airman during their tenure at SJAFB Honor Guard.

COMMANDER'S RANK/NAME

COMMANDER'S SIGNATURE

CELL PHONE NUMBER

DUTY PHONE NUMBER

All signatures on this application indicate acknowledgement and support of the Airman's commitment and responsibilities as a Seymour Johnson Honor Guard member. Additionally, endorsement by the Supervisor, First Sergeant and Squadron Commander indicate support of the Airman's commitment to the Honor Guard for no less than 12 months.