

This is a web-optimized version of this form.

Download the original, full version:

[www.usa-federal-forms.com/download.html](http://www.usa-federal-forms.com/download.html)

Convert any form into fillable, savable:

[www.fillable.com](http://www.fillable.com)

Learn how to use fillable, savable forms:

Demos: [www.fillable.com/demos.html](http://www.fillable.com/demos.html)

Examples: [www.fillable.com/examples.html](http://www.fillable.com/examples.html)

Browse/search 10's of 1000's of U.S. federal forms converted into fillable, savable:

[www.usa-federal-forms.com](http://www.usa-federal-forms.com)

## APPLICATION FOR PARTICIPATION IN THE RECRUITER ASSISTANCE PROGRAM

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 8013, Secretary of the Air Force; AFI 36-3003.

**PRINCIPAL PURPOSES:** To gather information required to evaluate applicants for the Recruiter Assistance Program, and to document approval/denial of request.

**ROUTINE USES:** None; data not releasable outside the Air Force.

**DISCLOSURE:** Disclosure of SSN is voluntary. However, failure to disclose SSN may prevent you from participating in the Recruiter Assistance Program since participants are identified by SSN within Air Force Recruiting Service.

### FACT SHEET FOR APPLICANTS ON REVERSE.

PRINTED NAME (Last, First, Middle Initial)		GRADE	SSN	AFSC
DATE OF ENLISTMENT	TECH TNG BASE ATTENDED	PROJECTED GRADUATION DATE	PROJECTED RNLTD	
REQUESTED DATES OF PARTICIPATION (12 days max)	LEAVE ADDRESS (Include county and state)		LEAVE TELEPHONE NUMBER	
NAME OF RECRUITER (Include city and state)	RECRUITING SQUADRON	RECRUITING SQ VOICE NO.	RECRUITING SQ FAX NO.	

### CERTIFICATION

1. While participating in the program, I will be in a nonchargeable leave status. I will not be charged leave for the days I participate. I will also not receive any reimbursement for meals, travel, or other expenses beyond my normal salary.
2. Each day I participate, I will report to my recruiter at a place and time designated by him or her. I will perform a full workday of recruiter assistance duties as determined by my recruiter. I will be expected to display a professional military appearance, positive and enthusiastic attitude, and exemplary personal conduct at all times.
3. I understand that if I violate any of the above, or if my continued participation in the program is determined not to benefit the Air Force, the Recruiting Squadron Commander may terminate my participation at any time, and I will return to chargeable leave status.

DATE	SIGNATURE OF APPLICANT	DATE	SIGNATURE OF RECRUITER
------	------------------------	------	------------------------

### TRAINING SQUADRON

COMMENTS

<input type="checkbox"/> APPROVED	DATE	TYPED NAME/GRADE OF APPROVING OFFICIAL	SIGNATURE OF APPROVING OFFICIAL
<input type="checkbox"/> DISAPPROVED			

### TRAINING GROUP

<input type="checkbox"/> APPROVED	DATE	TYPED NAME/GRADE OF APPROVING OFFICIAL	SIGNATURE OF APPROVING OFFICIAL
<input type="checkbox"/> DISAPPROVED			

### RECRUITING SQUADRON

<input type="checkbox"/> APPROVED	APPROVED DATES		
<input type="checkbox"/> DISAPPROVED			
DATE	TYPED NAME/GRADE OF APPROVING OFFICIAL	SIGNATURE OF APPROVING OFFICIAL	

### MTL USE ONLY

FAX APPROVED APPLICATION TO: (DSN/Commercial)  
 RETURN VOICE & FAX NUMBER: (DSN/ Commercial)