

SPONSOR CRITIQUE SHEET

THIS FORMS CONTAINS PERSONAL INFORMATION CONCERNING AN INDIVIDUAL. ITS USE AND DISCLOSURE IS GOVERNED BY OPNAVINST 1740.3C. UNAUTHORIZED DISCLOSURE OF PERSONAL INFORMATION COULD BE SUBJECT TO CRIMINAL PENALTIES.

TO BE COMPLETED BY REPORTING PERSONNEL

Member Name: _____

Date: _____

1. Were you informed of the sponsor program by your former command?

2. Did you receive a welcome aboard letter from this command?

3. Did your sponsor contact you prior to your transfer?

5. If yes, was the information adequate to inform you about this area?

6. Was the information adequate to inform you about this command?

7. Comments/recommendations for improving the sponsor program:

8. Information for Staff Social Roster/Recall Bill:

a. Spouse's Name: _____

b. Children's Name(s)/Birth Date (month/yr): _____

c. Address: _____

d. Home Phone Number: _____

e. Office Extension/Office Intercom: _____