

SPONSORSHIP PROGRAM CHECKLIST

(Ref: NJARNGR 601-2)

SPONSOR'S NAME: _____ RANK: _____ DATE ASSIGNED: _____

YOU HAVE BEEN APPOINTED AS A SPONSOR FOR THE FOLLOWING INDIVIDUAL:

NAME: _____ RANK: _____ DATE ENLISTED: _____

ADDRESS: _____

PHONE: _____ UNIT OF ASSIGNMENT: _____ MOS: _____

HERE IS WHAT YOU NEED TO GET THE NEW MEMBER OFF TO A GOOD START:

	<u>YES</u>	<u>NO</u>	<u>REMARKS</u>
1. CALL THE MEMBER PRIOR TO THE FIRST DRILL (Talk about the next drill, date and time; set a place to meet the member or offer a ride if needed; provide an emergency phone number)	_____	_____	_____
2. AT THE FIRST DRILL			
a. Provide a copy of Drill Schedule	_____	_____	_____
b. Accompany member through in-processing	_____	_____	_____
c. Discuss first day's events	_____	_____	_____
d. Tour facility	_____	_____	_____
e. Introduce to:			
(1) Company/battery/trp/det Cdr	_____	_____	_____
(2) Command Sergeant Major	_____	_____	_____
(3) First Sergeant	_____	_____	_____
(4) Unit Officers	_____	_____	_____
(5) NCO's/Supervisors	_____	_____	_____
(6) Unit Technicians	_____	_____	_____
(7) Retention NCO	_____	_____	_____
(8) Supply Sergeant	_____	_____	_____
(9) Section Members	_____	_____	_____
f. Orient member; History of the Guard, state, unit mission of unit and mission of section.	_____	_____	_____
g. Stay with member throughout the day	_____	_____	_____
h. Provide on-the-job help	_____	_____	_____
i. Member issued an ID Card	_____	_____	_____

	<u>YES</u>	<u>NO</u>	<u>REMARKS</u>
3. FOLLOW-UP TO ASSURE:			
a. Member's questions are answered	_____	_____	_____
b. Duty assignment is explained	_____	_____	_____
c. Guard benefits are explained	_____	_____	_____
d. Uniforms/field equipment are ordered/ issued	_____	_____	_____
e. Member knows where to get help	_____	_____	_____
4. FOR NON-PRIOR SERVICE PERSONNEL ONLY:			
a. Member knows when/where he/she will be leaving for training	_____	_____	_____
b. Knows when/where to pick-up transporta- tion request	_____	_____	_____

SPONSOR WILL BE RESPONSIBLE FOR THE MEMBER PRIOR TO REP TRAINING AND AT LEAST TWO (2) WEEKEND DRILLS AFTER THEIR RETURN FROM REP TRAINING.

I HAVE COMPLETED ALL ITEMS LISTED AND FEEL THAT THE MEMBER RECEIVED A PROPER ORIENTATION.

Sponsor's Printed Name and Rank

Sponsor's Signature and Date