SPONSORSHIP PROGRAM CHECKLIST

(Ref: NJARNGR 601-2)

SPONSOR	'S NAME:	RANK:	DATE	ASSIGNE	D:
YOU HAV	E BEEN APPOINTED AS A SPONSOR FOR	THE FOLLO	WING INDIVI	DUAL:	
NAME: _		RANK:	DATE	ENLISTE	D:
ADDRESS	:				
PHONE:	UNIT OF ASSIGN	MENT:			MOS:
HERE IS	WHAT YOU NEED TO GET THE NEW MEMB	ER OFF TO	A GOOD STA	RT:	
			YES	NO	REMARKS
(Ta ti or	L THE MEMBER PRIOR TO THE FIRST DE lk about the next drill, date and me; set a place to meet the member offer a ride if needed; provide a ergency phone number)	:			
2. AT	THE FIRST DRILL				
a. b. c. d. e.	Provide a copy of Drill Schedule Accompany member through in- processing Discuss first day's events Tour facility Introduce to:				
	 Company/battery/trp/det Cdr Command Sergeant Major First Sergeant Unit Officers NCO's/Supervisors Unit Technicians Retention NCO Supply Sergeant Section Members 				
f.	Orient member; History of the Gustate, unit mission of unit and mof section.				
g. h. i.	Stay with member throughout the of Provide on-the-job help Member issued an ID Card	lay			

				YES	<u>NO</u>	REMARKS
3.	FOLI	LOW-UP TO ASSURE:				
	c. d.	Member's questions are answered Duty assignment is explained Guard benefits are explained Uniforms/field equipment are ordered issued Member knows where to get help	/	·		
4.	FOR	NON-PRIOR SERVICE PERSONNEL ONLY:				
		Member knows when/where he/she will leaving for training Knows when/where to pick-up transpor tion request				
		WILL BE RESPONSIBLE FOR THE MEMBER POWEEKEND DRILLS AFTER THEIR RETURN FRO			G AND AT	LEAST
	VE CONTAT	OMPLETED ALL ITEMS LISTED AND FEEL THION.	AT THE MEMB	ER RECEI	EVED A P	ROPER
			Sponsor's	Printed	Name an	d Rank

Sponsor's Signature and Date