



UNITED STATES MARINE CORPS  
COMPANY B  
MARINE CRYPTOLOGIC SUPPORT BATTALION  
9828 EMORY ROAD  
FORT GEORGE G. MEADE, MARYLAND 20755-5291

IN REPLY REFER TO:  
1320  
Co B  
DD MMM YY

From: Sponsorship Program Coordinator  
To: **RANK FIRST M.I. LAST NAME**  
SUBJ: SPONSORSHIP QUESTIONNAIRE

1. The purpose of this questionnaire is to ensure the Sponsorship Program is helping our Marines (and their families). Your input will help our command improve this program in areas that are deficient. Please return this form to me no later than five working days after receiving it.

2. Please circle the appropriate answer:

a. Did your sponsor contact you?      Yes      No

b. If contacted, was the contact by mail or phone?

Mail    Phone    Both

c. Was your sponsor helpful?      Yes      No

d. Did your sponsor orient you to your new unit's Unit, Personal, and Family Readiness Program (UPFRP)?      Yes      No

3. If the Sponsor was not helpful, what areas could be improved?

4. Did your sponsor assist you in your initial check-in? If not please explain why.

5. Did you sponsor orient you to the entire base?      Yes      No

6. Please make recommendations for improvements of this program or any comments you may desire below: