

MAY 2016

Sector St Petersburg Check-In Sheet

Sector St Petersburg Check-In procedures are designed to welcome you, orientate you with Sector facilities, introduce you to key personnel and identify any questions or support needs you may have. Most of your check-in process can be completed by attending the next Welcome Aboard Orientation (WAO) on _____.

Sector Commander CAPT Case E-7 and above, make appointment w/ Mrs. Floodine at 727-824-7574	Appointment Date/Time:	
Deputy Sector Commander CDR Brown E-7 and above, make appointment w/ Mrs. Floodine at 727-824-7574 E-6 and below, attend the WAO or make appointment w/ Mrs. Floodine at 727-824-7574	Appointment Date/Time:	
Command Master Chief MCPO Pesnell Make Appointment w/ Mrs. Floodine at 727-824-7574	Appointment Date/Time:	
CO of Military Personnel CDR Meneses All enlisted members, attend the WAO or make a appointment at 727-502-8792	Appointment Date/Time:	
CDAR Mr. Dutcher 727-824-7518. Attend the WAO or make an appointment		
Clinic HS1 Varela/HS1 Winters Drop off medical record prior to, or bring medical record to the WAO. Complete Tricare Change of Address Form		
Command Security Officer (CSO) Security Brief: LT Scott 727-824-7614 and CWO Davis 727-502-8784. Receive Arrival Briefing at the WAO or call for appointment. NO ACCESS PRIOR TO SIGN OFF		
Morale Welfare and Recreation (MWR) Officer LTJG Herring Attend WAO or attend the next morale committee meeting		
Education Service Officer (ESO) Mr. Mathis E-4 and below, attend the WAO or email for an appointment Monty.H.Mathis@uscg.mil		
Servicing Personnel Office (SPO)/Admin Travel Claim, Pay Paperwork, Travel Card, Hurricane Roster Attend the WAO and visit in person 727-502-8777		
Chaplain LT Brant Visit in person 727-639-0018		
WQSB/ ICS Mr. Lang / LCDR Hartfiel Planning 727-824-7526		
Safety/Occupational Health Mr. Dutcher / Logistics 727-824-7678		
Sector Ombudsman Mrs. Shalena Hasting Attend the WAO or email spouse information to secstpeteombudsman@gmail.com		
Supply Department SKC Jimenez; attend WAO and visit in person, 727-824-7518		
Electronic Support Detachment User agreement and Account Setup		
Watch Coordinator/Color Guard Coordinator YN1 Calhoun/YN2 Brudzinski		
Motorcycle Safety Officer LT Rosen		
Department Head Visit in person		

RETURN TO ADMIN WITHIN TWO WEEKS OF YOUR CHECK-IN

SPONSOR/RUNNING MATES NAME

REPORT DATE:

UNIT/DEPARTMENT/DIVISION:

NEW MEMBERS NAME:

COMPLETED DATE:

REVIEWED BY:

Getting to know you...

(Fill out prior to beginning your Check-in)

Personal Info:

Name: _____

Rank/Rate: _____

Phone number: _____

Home Email: _____

Did you find a place to live? Y or N? If yes, list address?

Significant other/Spouse's Name (if applicable): _____

Children Name(s)/ages(s) (if applicable):

Hobbies:

Fitness/Sports interest:

Service Info:

Date of Entry into the CG: _____

Prior Service?: _____

Last duty station: _____

Previous Duty station(s):

Professional Goals you would like to meet while stationed at SSP:

Education Info:

What is your highest level of education?: _____

Educational Goals you would like to meet or start while stationed at SSP: