

Application for Organizational Excellence Mentor Appointment

1. Last Name, First, Middle Initial		2. CAP Grade	3. CAPID								
4. Charter Number	5. Unit Name										
6. Member's Address (Include No., St., City, State, Zip) _____ _____ _____		7. Telephone (Include Area Code) Cell _____ Home _____ Work _____ E-mail _____									
<p>8. Application for: (select one or more)</p> <p><input type="checkbox"/> Technician Level Mentor (must have strong record of command or staff experience at squadron level)</p> <p><input type="checkbox"/> Senior Level Mentor (must have successful record as a past or current squadron level or higher commander)</p> <p><input type="checkbox"/> Master Level Mentor (must have a successful record of past command performance at wing or region level)</p> <p><input type="checkbox"/> Executive Level Mentor (must have strong record of effective performance in any duty position at wing level or above as listed in CAPM 20-1. Other pertinent positions include members of CAP National Board, CAP/CC Volunteer Advisors and Team Leaders, and CAP Council/Board/Committee Chairs)</p> <p>NOTE: To be appointed as an Organizational Excellence Mentor, applicants do not have to be enrolled in, or have any rating in, the Organizational Excellence Specialty Track.</p>											
<p>9. Educational Background</p> <p><input type="checkbox"/> High School</p> <p><input type="checkbox"/> Associates Degree</p> <p><input type="checkbox"/> Undergraduate Degree & Type _____</p> <p><input type="checkbox"/> Masters Degree & Type _____</p> <p><input type="checkbox"/> Doctorates Degree & Type _____</p> <p>Other Professional Designations or Certifications _____ (Continue in Remarks Section, Block 16) _____</p>											
10. Date Joined CAP		11. Current CAP Duty Assignment									
<p>12. Highest CAPR 50-17 PD Level attained. <input type="checkbox"/> Level 1 <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input type="checkbox"/> Level V</p>											
<p>13. Specialties and Rating Completed</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; width: 60%;">Specialty</th> <th style="text-align: left;">Rating</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>(Continue in Remarks Section, Block 16)</p>				Specialty	Rating	_____	_____	_____	_____	_____	_____
Specialty	Rating										
_____	_____										
_____	_____										
_____	_____										

14. Highest Command or Staff Position Held in CAP

15. Organizational Experience Outside of CAP (Continue in Remarks Section, Block 16)

Present or Last Employer Employee Manager Senior Manager Executive

Name and Purpose _____

Professional Association Fund Raising Board Member Executive Leadership Member

Name and Purpose _____

Civic Association Fund Raising Board Member Executive Leadership Member

Name and Purpose _____

16. Remarks (attach additional sheet if necessary)

17. Why do you want to be a mentor, and what expertise do you bring to the role?

18. Instructions for submittal: Complete and sign application and send along with any attachments **not later than Monday, 9 March 2009**, using one of the methods below:

E-Mail (preferred): bjtourville@capnhq.gov

Fax: (334) 953-7771

Regular Mail: NHQ CAP/Tourville
105 South Hansell St
Maxwell AFB, AL 36112

19. Applicant: I certify that all the information contained herein is accurate.

Signature

Date