

Character Development Instructor Application

Part 1 Personal Information

| | | | |
|--|--|---|---|
| Name (<i>Last, First, MI</i>) | CAP ID | Charter No. | Date of Birth (<i>Month, Day, Year</i>) |
| Mailing Address | E-mail Address | | |
| Day Phone (<i>Include Area Code</i>) | Night Phone (<i>Include Area Code</i>) | Cell Phone (<i>Include Area Code</i>) | |

Part 2: Education

| | | | |
|-------------------------------------|------------------------------|---|-----------------------|
| A. Name of High School | | Location of High School (<i>City & State</i>) | |
| Dates Attended (<i>From – To</i>) | Did You Graduate | Date of Graduation | For Official Use |
| B. Additional Study | | | |
| (1). Name of School | | Location of School (<i>City & State</i>) | Major Subject Studied |
| Dates Attended (<i>From – To</i>) | Did You Graduate / Date / | Total No. of Credit Hrs | For Official Use |
| (2). Name of School | | Location of School (<i>City & State</i>) | Major Subject Studied |
| Dates Attended (<i>From – To</i>) | Did You Graduate/Date / | Total No. of Credit Hrs | For Official Use |
| (3). Name of School | | Location of School (<i>City & State</i>) | Major Subject Studied |
| Dates Attended (<i>From – To</i>) | Did You Graduate/Date / | Total No. of Credit Hrs | For Official Use |
| (4). Name of School | | Location of School (<i>City & State</i>) | Major Subject Studied |
| Dates Attended (<i>From – To</i>) | Did You Graduate/Date / | Total No. of Credit Hrs | For Official Use |

Part 3: Religious Affiliation

| | |
|---|--|
| Name of Your Faith Group or Denomination | Name of Your Local Congregation |
| Name of Local Religious Official (<i>Pastor, Rabbi, etc.</i>) | Religious Official's Address & Telephone Number (<i>Include Area Code</i>) |

Part 4: CAP Staff Coordination

| | | | |
|----------------------------------|-----------------------------------|--------------------------------------|---|
| Date File Given to Wing Chaplain | Date File Sent to Region Chaplain | Date File Sent to NHQ Personnel | Date File Reviewed at NHQ HCA |
| Name of Reviewer | Date Applicant Appointed as CDI | Date Entered into Personnel Computer | Date Certificate and Information Mailed |

Notes

For Assistance, Contact Your Wing Chaplain

SIGNATURE OF SQUADRON COMMANDER

After you have attached the required documents to this form and before you give it to your Wing Chaplain for review, take it to your Squadron Commander and have the Commander sign the following statement:

"I have interviewed the applicant whose name appears on this form and will support him/her as a CAP Character Development Instructor assigned to this squadron."

Level I completed on: _____ CPPT completed on: _____

Additional comments
by the Commander: _____

Rank and Name of Squadron Commander: _____

Signature

Telephone Number (Include Area Code)

NOTE: Squadron Commanders are reminded that community clergy can work with Cadets in local squadrons provided they are (a) escorted at all times by a CAP Officer, and (b) their name has been given to the Wing Chaplain. Clergy can only work in this capacity a maximum of 6 months with a local squadron. (Reference CAPR 265-1.)

SIGNATURE OF WING CHAPLAIN

I have reviewed the documents attached to this form and, to the best of my knowledge, find that the applicant meets the educational and approval standards to be appointed as a CAP Character Development Instructor. Moreover, I have interviewed the applicant either in person or through a telephone conversation and find this person to be suitable for appointment. If the application is disapproved it will be returned to me and I will notify the applicant.

Signature of Wing Chaplain

Date Signed

SIGNATURE OF REGION CHAPLAIN

The Region Chaplain will review the application and approve or disapprove the application. The completed application packet will be forwarded to NHQ CAP/HCA.

I have reviewed the documents attached to this form and, to the best of my knowledge, find that the applicant meets the educational and approval standards to be appointed as a CAP Character Development Instructor.

Signature of Region Chaplain

Date Signed

Region Chaplains are to send the completed application packet to:

NHQ CAP/HCA
105 S. Hansell Street, Bldg 714
Maxwell AFB, AL 36112-6332