

APPLICATION FOR CAP CHARACTER DEVELOPMENT INSTRUCTOR APPOINTMENT

For Assistance, Contact Your Wing Chaplain. Reference CAPF 35A instructions at http://www.capmembers.com/media/cms/F035A_Instructions_14F00D16F47D3.pdf

Part 1: Personal Information

Name (Last, First, Middle Initial)	Maiden Name	CAP ID	Charter Number
Mailing Address		E-mail Address	
Day Phone (Include Area Code)	Night Phone (Include Area Code)	Cell Phone (Include Area Code)	

Part 2: Education

A. Name of High School		Location of School (City & State)	
Dates Attended (From – To)	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Graduation	For Official Use
B. Additional Study			
(1) Name of Undergraduate School		Location of School (City & State)	
Type of Degree and Major			
Dates Attended (From – To)	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Graduation	For Official Use
(2) Name of Undergraduate School (Other)		Location of School (City & State)	
Type of Degree and Major			
Dates Attended (From – To)	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Graduation	For Official Use
(3) Name of Graduate School		Location of School (City & State)	
Type of Degree and Major			
Dates Attended (From – To)	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Graduation	For Official Use
(4) Name of School (Other)		Location of School (City & State)	
Type of Degree and Major			
Dates Attended (From – To)	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Graduation	For Official Use

Part 3: Religious Affiliation

Name of Your Faith Group or Denomination	Name of Your Local Congregation
Name of Your Local Religious Official: (Pastor, Rabbi, etc)	Religious Official's Address
Religious Official's Telephone Number (Include Area Code)	

Part 4: CAP Staff Coordination

Date File Given to Wing Chaplain	Date File Sent to Region Chaplain	Date File Sent to NHQ/DP	Date File Review at NHQ/HCA Completed
CAP/HC: <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove Signature:	Date Appointed	Date Appointment Entered into Database	Date Certificate and Information Mailed

 * C A P F 3 5 A *	FOR NHQ/HCA USE ONLY
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Documents Required to Initiate CDI Application Package
 (See also *CDI Application Checklist* for waiver or special requests and list of initial qualifications)

- | | |
|---|--|
| <input type="checkbox"/> Completed CAP Form 35A* | <input type="checkbox"/> Proof of Current Senior Membership* |
| <input type="checkbox"/> Proof of Completion of Level I* | <input type="checkbox"/> All Academic Transcripts Requested and Directed to NHQ/HCA? |
| <input type="checkbox"/> Letter of Recommendation from your local religious official Requested and Directed to NHQ/HCA? | |

Request for Appointment by Unit Commander

After you have attached the required documents (see checklist above) to this form and before you give it to your Wing Chaplain for review, submit it to your Unit Commander and have the Commander sign the following statement:

“I have interviewed the applicant whose name appears on this application and will support him/her as a CAP Character Development Instructor assigned to this unit.”

Date Foundations Completed:	Date CPPT Completed:	Date OPSEC Completed:	Date EO Completed:	Date IST Completed:
_____	_____	_____	_____	_____

Commander’s Additional Comments:

Grade and Name of Unit Commander:	Phone Number:	E-mail Address:
_____	_____	_____

Signature:	Date Signed:
_____	_____

Validation by Wing Chaplain and Endorsement by Wing Commander

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 a CAP Character Development Instructor. Moreover, I have interviewed the applicant either in person or through telephone conversation and find this person suitable for appointment. If this application is disapproved it will be returned to me and I will notify the applicant.

Signature of Wing Chaplain:	Date:
_____	_____

I endorse the CDI appointment application and will approve its forwarding to the region chaplain for further processing.

Signature of Wing Commander:	Date:
_____	_____

Validation/Initial Approval by Region Chaplain

The Region Chaplain will review the application and recommend approval/disapproval of the application. The approved and completed package will be forwarded to NHQ/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 required to be appointed as a CAP Character Development Instructor.

RECOMMEND: **APPROVE** **DISAPPROVE**

I endorse the CDI appointment application and will approve its forwarding to NHQ/HCA for further processing.

Signature of Region Chaplain:	Date:
_____	_____

Region Chaplains send application packet to: NHQ/HCA
 105 South Hansell St, Building 714 or chaplaincorps@capnhq.gov
 Maxwell AFB, AL 36112-6332