	Application for CAP Char	racter Development Instructor A <sub>l</sub>	ppointment		
For assistance, please contact ye	our Wing Chaplain or Wing Cha	plain Corps Coordinator			
	P	ersonal Information			
Name (Last, First, Middle Initial)		CAPID:	CAPID:		
		CAP Grade:	Charter Number:		
Mailing Address:		Email:	Email:		
		Phone Numbers (Includ	Phone Numbers (Include area code)		
		Day:	Night:		
	Training (A	ttach eServices Member Report)			
Level I	Date:	Part 1 of Level II	Date:		
<b>Basic Instructor Course</b>	Date:	Facilitator Course	Date:		
	Unit Commander St	atement and Request for Appoin	tment		
I have interviewed the applicant support him / her as a CAP Char		plication and verified all training resigned to this unit.	quirements have been met. I will		
Commander's Additional Com	ments (Do not leave blank):				
Grade and Name:		Phone:	Email:		
Signature:		Date:	Date sent to Wing:		
	Wing Chapla	in Validation and Endorsement			
standards to be a CAP Character means and have documented the application is disapproved, it wil	Development Instructor. Moreoresults of this interview on the laber teturned to me and I will no	best of my knowledge, find that the over, I have interviewed the applica- reverse side of this form. I find tha	applicant meets the educational and approval int either in person, phone, or other interactive t this person is suitable for appointment. If this		
Recommend: YES NO	Reason if NO:	<b>.</b>			
Signature:		Date:	Date sent to Region Chaplain:		
Т	he Wing Commander was not	ified of pending CDI application:	YES NO		
	Region	n Chaplain Endorsement			
I have reviewed the documents a Character Development Instructor		e applicant meets the educational ar	nd approval standards for appointment as a CAP		
Recommend YES NO	Reason if NO:				
Signature:	·	Date:	Date sent to CAP/HCA:		
Date Review Completed:		Date sent to CAP/HC:	Date sent to CAP/HC:		

OPR/Routing: HCA

	CAP/HC Review	w and Approval					
<b>Recommend:</b> YES NO Reason if N	NO:						
Signature:		Date:		Date returned to CAP/HCA for processing:			
Final Processing							
Date appointed:	Date entered into eServ	vices:	Date certifi	cate mailed:			
Note to Region Chaplain							
Send the completed application packet to either:	CAP/HCA 105 South Hansell St., Building 714 Maxwell AFB, AL 36112-6332		chaplaincorps@capnhq.gov				
Application questions completed by	v Applicant. Application	Interview completed Win	g or Region	Chaplain or NHO CDI.			
Why do you wish to become a Character Development Instructor? How do you understand this position?	7 Approximate 7 Approximate	mer new completes with	s or region	Chaptain of 1912 CD1			
How do you understand a pluralistic / diverse environment and its impact on the CDI?							
How do you envision your involvement in the leadership of your squadron?							
Explain the importance of a lesson plan, how you use one that has been developed for a class, and when you might deviate from that plan.							
What strengths do you bring to this position?							
What have you read or studied to familiarize yourself with this position and the Chaplain Corps? Where did you go to find this information?							
Wing Chaplain Interview							
Date:	How conducted:						

OPR/Routing: HCA