

Application for CAP Chaplain Appointment

Contact your Wing Chaplain for assistance: Reference CAPR 80-1

Part 1: Personal Information

Name <i>(Last, First, Middle Initial)</i>	Maiden Name	CAPID	Charter Number
Mailing Address		Email 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

Name of Undergraduate School	School Location	Type of Degree and Major
Dates Attended <i>(From – To)</i>	Did you graduate? Y <input type="checkbox"/> / N <input type="checkbox"/>	Date of Graduation
Name of Seminary	Location of Seminary	Type of Degree and Major
Dates Attended <i>(From – To)</i>	Did you graduate? Y <input type="checkbox"/> / N <input type="checkbox"/>	Date of Graduation
Name of Graduate School <i>(if applicable)</i>	Location of Seminary	Type of Degree and Major
Dates Attended <i>(From – To)</i>	Did you graduate? Y <input type="checkbox"/> / N <input type="checkbox"/>	Date of Graduation

Part 3: Religious Affiliation

Name of your faith group or denomination:	
Does your faith require an ordination certificate as evidence of full qualification? <i>(If yes, include with package. If no, provide documentation that your faith group has granted you full qualification.)</i> Y <input type="checkbox"/> / N <input type="checkbox"/>	
Name of your religious superior / supervisor:	Superior's phone number <i>(include area code)</i>
Name of person who endorses chaplains for your religious group	Address of endorser
Endorser's phone number <i>(include area code)</i>	

Part 4: Staff Coordination

Date sent to Wing Chaplain:	Date sent to Region Chaplain:	Date sent to CAP/HCA:
Date HCA File Review Complete:	CAP/HC approve <input type="checkbox"/> / disapprove <input type="checkbox"/>	Date Appointed:
	CAP/HC Signature	

Part 5: Code of Ethics Affirmation - I Affirm my willingness to minister in a pluralistic and diverse environment, to all members in need – regardless of race, sex, age, color, religion, national origin, sexual orientation, gender identity or expression, disability, marital status, military or veteran status. **Signed:**

Documents Required to Initiate Application Package

(See also *Chaplain Application Checklist* for waiver or special requests and list of initial qualifications)

- ☐ Completed CAP Form 80-1*
- ☐ All Academic Transcripts Requested and Directed to CAP/HCA?
- ☐ Ecclesiastical Endorsement or DD 2088 Requested and Directed to CAP/HCA?

NOTE: *Indicates required documentation at time of initial application by the unit commander and chaplain candidate.

Will this application include a waiver or special request? ☐ Yes ☐ No

If so, why is the waiver or special request being sought? (provide necessary documentation):

Request for Appointment by Unit Commander

After you have attached the required documents (see checklist above) to this form and before you submit it to your Wing Chaplain for review, take 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 Chaplain assigned to this unit"

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 Chaplain. 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 chaplain 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 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 required to be appointed as a CAP Chaplain.

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

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

Signature of Region Chaplain:

Date:

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

Application Interview: <i>to be completed by Applicant</i>	
Why do you wish to become a Chaplain? How do you understand this position as it relates to the Chaplain Corps?	
How do you understand a pluralistic / diverse environment and its impact on the Chaplain?	
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: