

Application for CAP Character Development Instructor Appointment

For assistance, please contact your Wing Chaplain or Wing Chaplain Corps Coordinator

Personal Information

Name <i>(Last, First, Middle Initial)</i>	CAPID:	
	CAP Grade:	Charter Number:
Mailing Address:	Email:	
	Phone Numbers <i>(Include area code)</i>	
	Day:	Night:

Training *(Attach eServices Member Report)*

Level I	Date:	Part 1 of Level II	Date:
Basic Instructor Course	Date:	Facilitator Course	Date:

Unit Commander Statement and Request for Appointment

I have interviewed the applicant whose name appears on this application and verified all training requirements have been met. I will support him / her as a CAP Character Development Instructor assigned to this unit.

Commander's Additional Comments *(Do not leave blank):*

Grade and Name:	Phone:	Email:
Signature:	Date:	Date sent to Wing:

Wing Chaplain Validation and Endorsement

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, phone, or other interactive means and have documented the results of this interview on the reverse side of this form. I find that this person is suitable for appointment. If this application is disapproved, it will be returned to me and I will notify the applicant.

Recommend: YES / NO	<i>Reason if NO:</i>
Signature:	Date:
	Date sent to Wing CC or Region HC:

Wing Commander Endorsement *(if applicable)*

I endorse this CDI appointment application and will approve forwarding it to the Region Chaplain for further processing.

Recommend: YES / NO	<i>Reason if NO:</i>
Signature:	Date:
	Date sent to Region HC:

Region Chaplain Endorsement

I have reviewed the documents attached to this form and find the applicant meets the educational and approval standards for appointment as a CAP Character Development Instructor.

Recommend YES / NO	<i>Reason if NO:</i>
Signature:	Date:
	Date sent to CAP/HCA:

CAP/HCA Review		
Date Review Completed:	Date sent to CAP/HC:	
CAP/HC Review and Approval		
Recommend: YES / NO	<i>Reason if NO:</i>	
Signature:	Date:	Date returned to CAP/HCA for processing:
Final Processing		
Date appointed:	Date entered into eServices:	Date certificate mailed:
Note to Region Chaplain		
<i>Send the completed application packet to either:</i>	CAP/HCA 105 South Hansell St., Building 714 Maxwell AFB, AL 36112-6332	chaplaincorps@capnhq.gov

Application Interview: <i>to be completed by the Wing Chaplain</i>	
Why do you wish to become a Character Development Instructor? How do you understand this position?	
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?	
Are you aware of the additional reporting requirements for members of the Chaplain Corps, and do you agree to comply with this regulation?	
What have you read or studied to familiarize yourself with this position?	
Wing Chaplain Interview	
Date:	How conducted: