Application for CAP Character Development Instructor Appointment			
For assistance, please contact your Wing Chaplain or Wing Chaplain Corps Coordinator			
Personal Information			
Name (*Last, First, Middle Initial)*		**CAPID:**	
		CAP Grade:	**Charter Number:**
Mailing Address:		**Email:**	
		Phone Numbers *(Include area code)*	
		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	*Reason if NO:*		
Signature:		**Date:**	**Date sent to Wing CC or Region HC:**
The Wing Commander was notified of pending CDI application: YES / NO			
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	*Reason if NO:*		
Signature:		**Date:**	**Date sent to CAP/HCA:**
Date Review Completed:		**Date sent to CAP/HC:**	

CAP/HC Review and Approval			
Recommend: YES / NO	*Reason if NO:*		
Signature:		**Date:**	**Date returned to CAP/HCA for processing:**

Final Processing		
Date appointed:	**Date entered into eServices:**	**Date certificate 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 Applicant. Application Interview completed Wing or Region Chaplain or NHQ CDI.	
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?	
Did you read the current copy of CAPR 80-1 and CAPP 40-80 listed in the CAP publication listing? Have you familiarized yourself with the Chaplain Corps pages on gocivilairpatrol.com?	

Wing Chaplain Interview	
Date:	**How conducted:**