

Application for Organizational Excellence Mentor Appointment

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|--|--------------|--|----------|
| 1. Last Name, First, Middle Initial | | 2. CAP Grade | 3. CAPID |
| 4. Charter Number | 5. Unit Name | | |
| 6. Member's Address (Include No., St., City, State, Zip) | | 7. Telephone (Include Area Code) | |
| _____ _____ _____ _____ | | Cell _____ Home _____ Work _____ E-mail _____ | |
| 8. Application for: (select one or more) | | | |
| <input type="checkbox"/> Management Level Mentor (must have successful record as a past or current squadron level or higher commander/staff recommended time in command/staff 36 months [cumulative]) | | | |
| <input type="checkbox"/> Corporate Level Mentor (must have a successful record of past command/staff performance at wing or region level with a recommended 36 months of cumulative command/staff experience. Wing level command/staff experience required.) | | | |
| <input type="checkbox"/> Executive Level Mentor (must have strong record of effective performance in any duty position at wing level or above as listed in CAPM 20-1. Other pertinent positions include members of CAP National Board, CAP/CC Volunteer Advisors and Team Leaders, and CAP Council/Board/ Committee Chairs for a minimum of 12 months (may be served concurrently with command) | | | |
| NOTE: To be appointed as an Organizational Excellence Mentor, applicants do not have to be enrolled in, or have any rating in, the Organizational Excellence Specialty Track. | | | |
| 9. Educational Background | | | |
| <input type="checkbox"/> High School | | | |
| <input type="checkbox"/> Associates Degree | | | |
| <input type="checkbox"/> Undergraduate Degree & Type _____ | | | |
| <input type="checkbox"/> Masters Degree & Type _____ | | | |
| <input type="checkbox"/> Doctorates Degree & Type _____ | | | |
| Other Professional Designations or Certifications _____ | | | |
| (Continue in Remarks Section, Block 16) _____ | | | |
| _____ | | | |
| _____ | | | |
| 10. Date Joined CAP | | 11. Current CAP Duty Assignment | |
| 12. Highest CAPR 50-17 PD Level attained. <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input type="checkbox"/> Level V | | | |
| 13. Specialties and Rating Completed | | | |
| Specialty | | Rating | |
| _____ | | _____ | |
| _____ | | _____ | |
| _____ | | _____ | |
| (Continue in Remarks Section, Block 16) | | | |

14. Highest Command or Staff Position Held in CAP

15. Organizational Experience Outside of CAP (Continue in Remarks Section, Block 16)

Present or Last Employer Employee Manager Senior Manager Executive
 Name and Purpose _____

Professional Association Fund Raising Board Member Executive Leadership Member
 Name and Purpose _____

Civic Association Fund Raising Board Member Executive Leadership Member
 Name and Purpose _____

16. Remarks (attach additional sheet if necessary)

17. Please detail any military experience you have (attach additional sheet if necessary)

18. Why do you want to be a mentor, and what expertise do you bring to the role (attach additional sheet if necessary)

19. Instructions for submittal: Complete and sign application and send along with any attachments through your chain of command to include OE committee and OEPM endorsements.

20. Applicant: I certify that all the information contained herein is accurate.

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| Grade/Full Name | Date | |
| 21. Unit Commander Grade/Full Name | <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | Date |
| 22. Wing Commander Grade/Full Name (Management Level Mentor) | <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | Date |
| 23. Region Commander Grade/Full Name (Corporate Level Mentor) | <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (NOTE: Refer to Wing for lower level assignment) | Date |
| 24. National Commander Grade/Full Name (Executive Level Mentor) | <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (NOTE: Refer to Region for lower level assignment) | Date |