

APPLICATION FOR CAP CHARACTER DEVELOPMENT INSTRUCTOR APPOINTMENT

<i>For Assistance, Contact Your Wing Chaplain.</i>			
PERSONAL INFORMATION			
Name: <i>(Last, First, Middle Initial)</i>		Maiden Name:	CAP ID
Charter Number:			
Mailing Address:		Email Address:	
		Phone Numbers <i>(Include Area Code)</i>	
Day:		Night:	Cell:
TRAINING (attach all supporting documents before submitting to unit commander)			
Enter Date Completed:		Training Leaders of Cadets (TLC):	Basic Instructor Course:
Foundations:			
CPPT:	OPSEC:	EO:	IST:
See also CDI Application Checklist for waiver or special requests and list of initial qualifications.			
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:			
Grade and Name:		Phone Number:	E-mail Address:
Signature:		Date:	Date Sent to Wing Chaplain:
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 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.			
RECOMMEND: <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE			
Signature:		Date:	Date Sent to Wing CC:
WING COMMANDER ENDORSEMENT			
RECOMMEND: <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE			
I endorse the CDI appointment application and will approve its forwarding to the region chaplain for further processing.			
Signature:		Date:	Date Sent to Region CC:
REGION CHAPLAIN 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 required to be appointed as a CAP Character Development Instructor.			
RECOMMEND: <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE			
I endorse this CDI appointment application and will approve its forwarding to NHQ/HCA for further processing.			
Signature:		Date:	Date Sent to NHQ/HCA:
NHQ/HCA REVIEW			
Date Review Completed by NHQ/HCA:		Date Sent to NHQ/HC:	
NHQ/HC REVIEW / APPROVAL			
RECOMMEND: <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE			
Signature:			Date Signed:
FINAL PROCESSING			
Date Appointed:		Date Entered in eServices (DP):	Date Certificate and Information Mailed:
Region Chaplains send application packet to: NHQ/HCA 105 South Hansell St, Building 714 or chaplaincorps@capnhq.gov Maxwell AFB, AL 36112-6332			
 * C A P F 3 5 A *		FOR NHQ/HCA USE ONLY	