

APPLICATION FOR CAP CHAPLAIN APPOINTMENT

For Assistance, Contact Your Wing Chaplain. Reference CAPF 35 instructions at http://www.capmembers.com/media/cms/F035_Instructions_E67E10934EC41.pdf

Part 1: Personal Information

Name (<i>Last, First, Middle Initial</i>)	Maiden Name	CAP ID	Charter Number
Mailing Address		E-mail 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

A. Name of Undergraduate School		Location of School (<i>City & State</i>)		Type of Degree and Major	
Dates Attended (<i>From – To</i>)	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Graduation		For Official Use	
B. Name of Seminary		Location of Seminary (<i>City & State</i>)		Type of Degree and Major	
Dates Attended (<i>From – To</i>)	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Graduation		For Official Use	
C. Name of Graduate School		Location of School (<i>City & State</i>)		Type of Degree and Major	
Dates Attended (<i>From – To</i>)	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Graduation		For Official Use	
D. Name of School (Other)		Location of School (<i>City & State</i>)		Type of Degree and Major	
Dates Attended (<i>From – To</i>)	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Graduation		For Official Use	

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>) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Your Religious Superior	Superior's Telephone Number (<i>Include Area Code</i>)
Name of Person Who Endorses Chaplains For Your Group	Address of Person Who Endorses Chaplains for Your Group
Endorser's Telephone Number (<i>Include Area Code</i>)	

Part 4: CAP Staff Coordination

Date File Given to Wing Chaplain	Date File Sent to Region Chaplain	Date File Sent to NHQ/HCA	Date File Review at NHQ/HCA Completed
CAP/HC Signature: <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	Date Appointed	Date Appointment Entered into Database	Date Certificate and Information Mailed



FOR NHQ/HCA USE ONLY

Documents Required to Initiate Application Package

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

- Completed CAP Form 35*
- Proof of Current Senior Membership*
- Proof of Completion of Level I*
- Copy of Ordination Certificate (see Part 3 Instructions)*
- All Academic Transcripts Requested and Directed to NHQ/HCA?
- Ecclesiastical Endorsement or DD 2088 Requested and Directed to NHQ/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.”

Date Foundations Completed:	Date CPPT Completed:	Date OPSEC Completed:	Date EO Completed:	Date IST Completed:
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Commander’s Additional Comments:

Grade and Name of Unit Commander:	Phone Number:	E-mail Address:
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Signature:	Date Signed:
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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:
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I endorse the chaplain appointment application and will approve its forwarding to the region chaplain for further processing.

Signature of Wing Commander:	Date:
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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 NHQ/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 NHQ/HCA for further processing.

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