

Chaplain Application

Part 1: Personal Information

Name <i>(Last, First, MI)</i>		CAP ID	Charter Number
Mailing Address		E-mail Address	
Date of Birth <i>(Month, Day, Year)</i>		Title <i>(Rabbi, Father, Dr, Rev, Bishop, Pastor, Imam, etc.)</i>	
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 College		Location of College <i>(City & State)</i>		Major Subject Studied	
Dates Attended <i>(From – To)</i>	Did You Graduate	Date of Graduation		For Official Use	
B. Name of Seminary		Location of Seminary <i>(City & State)</i>		Major Subject Studied	
Dates Attended <i>(From – To)</i>	Did You Graduate	Date of Graduation		For Official Use	
C. Name of Graduate School		Location of Graduate School <i>(City & State)</i>		Major Subject Studied	
Dates Attended <i>(From – To)</i>	Did You Graduate	Date of Graduation		For Official Use	
D. Name of School Other		Location of School Other <i>(City & State)</i>		Major Subject Studied	
Dates Attended <i>(From – To)</i>	Did You Graduate	Date of Graduation		For Official Use	

Part 3: Religious Affiliation

Name of Your Faith Group or Denomination	
Name of Your Religious Superior	Superior's Telephone Number <i>(Include Area Code)</i>
Name of Person Who Endorses Chaplain's 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 NHQ Personnel		Date File Reviewed at NHQ HCA	
Name of Reviewer	Date Applicant Appointed as CAP Chaplain	Date Entered into Personnel Computer		Date Certificate and Information Mailed	

Notes

For Assistance, Contact Your Wing Chaplain

Reference CAPF 35 Instructions at www.cap.gov/pubs

CAPF 35, May 07 PREVIOUS EDITION WILL NOT BE USED AFTER 31 AUG 07 OPR/ROUTING: HCA

SIGNATURE OF SQUADRON COMMANDER

After you have attached the required documents to this form and before you give it to your Wing Chaplain for review, take it to your Squadron Commander and have the Commander sign the following statement:

"I have interviewed the applicant whose name appears on this folder and will support him/her as a CAP Chaplain assigned to this squadron."

Level I completed on: _____ **CPPT completed on:** _____

Additional comments by the Commander: _____

Rank and Name of Squadron Commander: _____

Signature

Telephone Number *(Include Area Code)*

NOTE: Squadron Commanders are reminded that community clergy can work with Cadets in local squadrons provided they are (a) escorted at all times by a CAP Officer, and (b) their name has been given to the Wing Chaplain. Clergy can only work in this capacity a maximum of 6 months with a local squadron. (Reference CAPR 265-1.)

SIGNATURE OF WING COMMANDER

The Wing Commander will review the application and approve or disapprove the application. This form will then be returned to the Wing Chaplain who will forward the completed file to NHQ CAP/HC. If the application is disapproved it will be returned to the applicant by the Wing Chaplain.

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 appointed as a CAP Chaplain.

Signature of Wing Commander

Date Signed

SIGNATURE OF WING CHAPLAIN

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 appointed as a CAP Chaplain. Moreover, I have interviewed the applicant either in person or through a telephone conversation and find this person to be suitable for appointment.

Signature of Wing Chaplain

Date Signed

**Wing Chaplains are to send this completed folder to: NHQ CAP/HCA
105 S. Hansell Street Bldg 714
Maxwell AFB AL 36112-6332**