

SELECTED FORMS INSTRUCTIONS**Handout 1**

CAPF 2b, Personnel Action Request - Termination of CAP Membership. (Reference CAPR 35-3, *Membership Termination*.) CAPF 2b, *Personnel Action Request - Termination of CAP Membership* is used when a unit commander determines that it is appropriate to terminate an individual's (senior member or cadet) CAP membership for reasons not involving misconduct or termination for cause. The form is prepared in three copies: the original will be mailed to National Headquarters; the second copy will be mailed to the member's last known address; and the third copy will be retained in the unit's file.

a. **Section I. Personal Data**

1. **Last Name - First Name - Middle Initial.** Print or type the name of the individual being terminated in the order as listed.

2. **CAPSN.** Enter the individual's CAP ID number.

3. **Grade.** Enter the individual's CAP grade.

4. **Unit Charter Number.** Enter the unit charter number of the individual's membership as shown on the unit charter or unit listing.

5. **Duty Assignment (*If applicable*).** If the individual has a duty assignment within the unit, enter the title of the assignment in this section.

6. **Wing.** Enter the name of the wing (state) the unit is in.

7. **Unit Name.** Enter the name of the unit as shown on the unit charter or unit listing.

b. **Section II. Reasons for Termination of Cadet Membership.** Use this section if individual is a cadet member. Mark ONE box to indicate the reason for the request for termination.

c. **Section III. Reasons for Termination of Senior Membership.** Use this section if individual is a senior member. Mark ONE box to indicate the reason for the request for termination.

d. **Section IV. Summary of Circumstances.** Leave this blank unless member is being terminated for misconduct or cause. See CAPR 35-3, paragraph 6b and c.

e. **Name and Grade of Commander or Designated Representative.** The name and grade of the person signing the form must be printed or typed in this block.

f. **Signature.** The signature of the person whose name appears in the block to the left of the signature block must be entered here.

g. **Date.** Enter the date the form is signed.

CAPF 8, Requisition for Publications and Blank Forms. (Reference CAPR 5-4, *Publications and Blank Forms Management*.) CAPF 8, *Requisition for Publications and Blank Forms*, is used to request non-special (purchase items, publications from the Office of Primary Responsibility [OPR], etc.) regulations, manuals, pamphlets, forms, certificates, and tests (except the Mitchell, Earhart, Eaker, and Spaatz tests). You should inventory your stock of publication every six months and place an order for those items that need to be replaced or resupplied. Many publications are available on the National Headquarters' web site at www.capnhq.gov, or you may fax the CAPF 8 to 1-334-953-5296, or complete an electronic CAPF 8 on the web site.

- a. **Block 1. Date of Requisition.** Use the date you are ordering the items.
- b. **Block 2. Date Shipped.** Leave this block blank. It will be used by National Headquarters when the order is filled.
- c. **Block 3. From.** Enter the complete name of the unit requesting the items and the mailing address of the unit. The order will not be sent to an address that is different from the unit mailing address.
 1. **Block 3a. Number of Cadets.** Enter the number of cadets in the unit as shown on the unit listing.
 2. **Block 3b. Number of Seniors.** Enter the number of senior members in the unit as shown on the unit listing.
 3. **Block 3c. Charter Number.** Enter the charter number of the unit as shown on the unit charter or unit listing.
- d. **Block 4. Publication or Form Number.** Enter the publication by number preceded by CAPM, CAPR, CAPP, CAPC, CAPT, or CAPVA. Do not use the title of the publication unless it does not have a number. Arrange the order in numerical sequence beginning with the lowest number requested. Keep all like items together, e.g., forms, regulations and manuals, certificates, tests, or visual aids.
- e. **Block 5. Number of Copies on Hand.** Enter the number of copies of each publication ordered that you currently have on hand. If you do not have any, you must indicate that by using zero (0). Do not order if you have a sufficient number on hand. If an item has changed, then you would enter 0 since you would not have any of the current items. Make sure the old ones have been removed from the files and destroyed.
- f. **Block 6. Number of Items Requested.** Enter the quantity of each item ordered. If the annual requirement for a particular item is 50 or less, you may order a year's supply.
- g. **Block 7. Number of Items Shipped and Block 8. Other Action.** Leave blank. These are for National Headquarters uses only.

h. **Block 9. Code.** This block shows the codes used by National Headquarters when the order is filled.

i. **Block 10. Remarks.** Whenever a replacement copy is requested, it must be fully justified in this section and requires the commander's signature. Emergency requisitions must be justified as well.

j. **Block 11. Typed Name, Grade, and Position Held.** You must type or print the name of the commander, administrative officer, or testing officer and strike out the two that the person ordering is not. These are the only ones that may place an order. **ONLY** the testing officer or commander may order tests. The commander and administration officer may order any non-special requisitioning items. After the name, type or print the grade of the person doing the ordering. For example: JOHN Q. PUBLIC, Lt Col, CAP.

k. **Block 12. Signature of Commander, Administrative Officer, or Testing Officer.** The person whose name is listed in block 11 must sign the form.

CAPF 15, Application for Cadet Membership in Civil Air Patrol. (Reference CAPM 39-2, *Civil Air Patrol Membership*.) CAPF 15, *Application for Cadet Membership in Civil Air Patrol*, Figure 7-6, **must be typed or printed.** Each block is self-explanatory; however, the following is provided for your use:

FRONT SIDE OF THE FORM

- a. **Charter Number** is the charter number of the unit the applicant wishes to join.
- b. **Social Security Number** is the nine-digit number each person must have after the age of two. This will become the applicant's CAPSN. If a person does not have a SSN, check with National Headquarters/DP for alternative number.
- c. **Name.** List the name of the individual applying for membership. Use the Last Name, First Name, and Middle Initial format.
- d. **Male or Female.** Check Male or Female.
- e. **Height.** Enter applicant's height in inches.
- f. **Weight.** Enter applicant's weight in pounds.
- g. **Blood Type.** Enter applicant's blood type, if known.
- h. **Date of Birth.** Enter applicant's birth date using the **DAY, MONTH, YEAR** format. It is helpful to use the three-letter abbreviation for each month (Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, or Dec) to avoid confusion.
- i. **Mailing Address.** Enter the applicant's complete mailing address using the blocks provided for number and street, apartment (if applicable), city, state (use the two letter abbreviation), and zip code (ZIP + 4 if known).
- j. **Home Phone.** Enter the applicant's home telephone number with the area code in the brackets.
- k. **Next of Kin.** Enter the name, address, relationship, and phone number with area code in the brackets in the blocks provided of the applicant's closest living next of kin.
- l. **Member Most Responsible for Your Joining CAP.** Enter the name, CAPSN and charter number of the CAP member that recruited the applicant.
- m. **School Presently Attending and Grade.** Enter the complete name of the school applicant is currently attending. If the applicant is applying during the summer and will be attending a different school in the fall, use the name of the school applicant will be attending in the fall. Enter the current school grade of applicant. If during summer, enter the school grade applicant will be attending in the fall.

n. **Background Information.** Indicate the required information in all that apply. If not a former CAP member, enter "None" where indicated.

o. **Applicant Signature, Date, Parent or Legal Guardian Name, Signature, and Date.** Applicant must sign the form legibly, in the indicated block, and date the form. Print or type the full name of the parent or legal guardian. The parent or legal guardian must sign the form in the indicated block and date the form.

p. **Charter, Unit Name, and Address.** This area is to be filled out by the unit commander or designated representative.

REVERSE SIDE OF THE FORM

q. **Health Certificate.** The parent or legal guardian of the applicant must complete this first section. If any of the boxes are marked "Yes" then an examination by a physician is required. The parent or legal guardian must sign and date the form. If an examination is required, then the physician must indicate the category of physical fitness of the applicant, sign and date the form and indicate the address and phone number of the physician.

FREE CADET UNIFORM VOUCHER

Beginning 1 Oct 00, National Headquarters has combined the *Application for Membership in Civil Air Patrol* (CAPF 15) with the Free Cadet Uniform (FCU) vouchers. The modified CAPF 15's with the FCU voucher attached, should be filled out at the same time as the application for membership. Cadets can still apply for membership using the standard CAPF 15 (without the voucher) if they do not desire to be eligible for a free uniform. **The FCU voucher must remain attached to the CAPF 15 or the voucher is invalid!** The FCU vouchers may not be downloaded or copied. Only original vouchers must be used. Use a CAPF 8, *Requisition for Publications and Blank Form*, and submit the form as you normally do when you request new forms.

Read both sides of the voucher form completely before filling the form out. If you do not want a uniform, check the box above ? . The applicant must sign and date the form as indicated in ? . One of the applicant's parents or legal guardian must sign and date the form opposite the applicant's signature. The unit commander or deputy commander must sign and date the form as indicated in ? . The cadet's name and physical address must be printed in the area indicated on the back side of the voucher. Once you have been measured and are sure of the size you need, completely fill in the block to indicate the size you need for each item. Be sure to include length and width as required.

CAPF 27, Organization Action. (Reference CAPR 20-3, *Charters and Other Organization Actions*.) CAPF 27, *Organization Action*, is used to request a unit charter. Each block is self-explanatory; however, the following is provided for your use:

- a. **Wing.** Enter the Wing the unit is in.
- b. **Wing Control Number.** Leave this block blank. Must be filled in by Wing Headquarters.
- c. **Date.** Leave this block blank. Must be filled in by Wing Headquarters.
- d. **Charter Number.** If the changes are for an established unit, enter the unit charter number. If this action is for a new unit, leave blank. If you wish to request a particular charter number and the number is not being used (check with national headquarters personnel for availability and approval), enter that number in this block. Add above the block in red "Request This Number -Approved by National/DP."
- e. **Unit Name.** Enter the name of the existing unit or the proposed name of the new unit.
- f. **Section I. Unit Changes.** If this form is being used for changes in current unit information, check the appropriate box(es) indicating the area(s) of change. Then complete the area (on the right) indicated next to the checked box.
- g. **Redesignation.** Complete this area if current unit is changing the type of unit. Check the appropriate box.
- h. **Activation.** Use this area if starting a new unit. Check the box, unit commander must sign in specified space, and complete ALL areas on the right. If there is no sponsoring organization enter "NONE."
- i. **Deactivation.** This area is to be completed by the wing commander or vice wing commander only.
- j. Typed name and grade of wing commander (or vice commander) must be entered in indicated area and signed.

CAPF 31, Application for CAP Encampment or Special Activity. (Reference CAPR 52-16, *Cadet Program Management*.) Cadets applying for an encampment or a cadet special activity use CAPF 31, *Application for CAP Encampment or Special Activity*. Senior members use this form or CAPF 17 to apply as escort or staff member at an encampment or cadet special activity. Use a separate CAPF 31 for each encampment or activity applying for. CAPF 31 is a four-page form and each block is self-explanatory; however, the following is provided for your use:

PAGE ONE

- a. **Name.** Enter the applicant's name using Last Name, First Name, Middle Initial format, one letter per square.
- b. **Joined CAP.** Enter the number for the month and last two digits of the year the applicant joined CAP as shown on the member's record.
- c. **CAPSN.** Enter the CAP ID number as shown on member's membership card.
- d. **CAP Grade.** Enter the member's CAP grade at the time of application using the approved abbreviation.
- e. **Unit Charter Number.** Enter the member's unit charter number as shown on the member's membership card.
- f. **Region.** Enter the region in which the member's unit is assigned using the approved abbreviation.
- g. **Wing.** Enter the two-letter abbreviation for the wing in which the member's unit is assigned.
- h. **Mailing Address.** Enter the member's complete (street, apartment number, or post office box as applicable) mailing home address.
- i. **City.** Enter the member's city of the above mailing address.
- j. **State.** Enter the two-letter abbreviation for the state of member's home address.
- k. **Zip Code.** Enter the five-digit zip code of the member's home address in the first set of squares and the plus four digits in the second set of squares.
- l. **Date of Birth.** Enter the member's date of birth using all number in the month, day, and year format.
- m. **Height.** Enter the member's height in inches.
- n. **Gender.** Enter M or F depending upon the sex of the applicant.

- o. **Hair Color.** Enter the member's hair color.
- p. **Eye Color.** Enter the eye color of the member.
- q. **Scholastic Achievement.** Check the applicable box and enter the number of years, if applicable.
- r. **Religious Preference.** Enter the religious preference, if any.
- s. **Present Occupation.** If the member works, enter the type of work the member does.
- t. **Telephone.** Enter the phone numbers as applicable using the area code in the first set of squares. Indicate next to Alternate and Business who's number is listed. Indicate next to Fax if home or work.
- u. **E-Mail Address.** Enter the member's complete e-mail address, if applicable.
- v. **Do you wish to attend more than one special activity or encampment?** Check either yes or no box.
- w. **Special Activity or Encampment.** Check the box that indicates the activity the application is for and provide requested information. If the activity is not listed, use the area under **Other Special Activity or Encampment** and list the name of the activity and location. All locations should be identified by the two-letter abbreviation for the state in which the activity is held.

PAGE TWO

This top portion of this page is to be completed only if the requested information applies to the applicant. Make sure that all applicable information is provided. The area **Relevant Experience** is used to relate any CAP or non-CAP experiences that could have a beneficial impact on your being selected to attend the special activity or encampment that you have requested. Use an additional sheet if necessary, but please limit additional documentation.

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Medical Information is to be completed by all applicants. Answer all questions as accurately as possible so that special activity or encampment staff can make themselves aware of any pre-existing medical problems or conditions and be alert to help you. List all current immunizations that you have received. Enter the requested information of your family doctor, in case he needs to be contacted during the activity or encampment. Complete the insurance information as it applies to the applicant. Give the complete name, address and phone number of an emergency contact including the relationship to the applicant. Use the remarks section for any additional information, as needed.

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The applicant must date and sign the form in the top section. If the applicant is a cadet, the second section must be signed, witnessed, and dated by a parent, or legal guardian. The applicant's unit leader must indicate the ranking for the members of this unit and sign the form in the third section. The form must be signed by the wing commander and ranked, unless current instructions state differently in the fourth section. The fifth section is applicable only to region staff members or applicants for IACE. The last section is a checklist for the applicant to ensure that all necessary documents and information has been accomplished. Make sure the checklist is used. This will prevent the unnecessary return of the CAPF 31 or the applicant not being considered. Make sure you keep a copy for your records.

CAPF 103, Mission Authorization/Personnel Register. (Reference CAPR 50-15, *CAP Operational Missions*.) CAPF 103, *Mission Authorization/Personnel Register*, is used for various activities. It may be used for sign-in during a conference, a competition, a class or school within CAP, but it was designed for sign-in during a mission or a practice mission. The CAPF 103 becomes part of the official records of a mission or a practice mission; therefore, it is important that it be filled out completely and correctly.

a. **Base.** Enter the location of the activity. Do not use things like Wing Headquarters or Wing Conference, etc. Use WG HQ, Columbia, SC or SC Conf - Columbia, SC, etc.

b. **Mission Number.** Do not use unless this is for sign-in during a mission or a practice mission. Then use the number as given by AFRCC or the state as appropriate. This number may be obtained from the Mission Coordinator or Incident Commander.

c. **Date.** Enter the date the form is used for. If the mission or practice mission is longer than one day, a new sign-in must be held with a new CAPF 103 for that day.

d. **Page of Pages.** This area is to be used to show which page number of how many pages. For example, Page 1 of 4 Pages. Start the numbering over for each day.

The rest of the form is for the participants to use to sign-in. All participants should use the Last name, First Name format in column one. Column two is to list the participant's CAP grade. Column three is for the CAPSN of the person signing-in. Home Unit is the charter number of the participant. If the participant knows what his/her position is to be during the mission, it should be listed in the fifth column. The person supervising the signing-in should check all credential of the person signing-in and check the box under 101 Card Checked. The participant should enter the name and phone number of the person to be contacted in case of an emergency. The Mission Coordinator signs the form at the bottom. If the form is used for other purpose besides a mission or practice mission, the person acting as the sign-in officer, that person signs the form.