

APPLICATION FOR SENIOR MEMBER ACTIVITIES

Note: Use of this form is optional (see CAPR 50-17, para 2-7b2). See instructions on reverse.

1. Title of Activity (If applying for a position, include the position desired)		2. Location of Activity	
3. Dates of Activity		4. Previously Attended This Activity? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, give date)	
5. Last Name, First, Middle Initial		6. CAP Grade	7. CAPID
8. Member's Address (Include No., Street, City, State, Zip) _____ _____ _____		9. Telephone (Include Area Code) Work (____) _____ Home (____) _____ E-Mail _____	
10. Charter Number	11. Unit Name		12. Date of Level I Completion
13. Date Joined CAP	14. CAP Duty Assignment and Inclusive Dates		15. CAP Aeronautical Rating
16. Specialties and Ratings Completed Specialty a. _____ b. _____ c. _____ d. _____ Rating _____ _____ _____ _____		17. Previous Training Activities and Years Attended a. _____ b. _____ c. _____ d. _____ e. _____	
18. Professional Development Awards a. _____ b. _____ c. _____ d. _____		19. Scholastic Achievement High School Graduate (Year): _____ College (Number of Years): _____ Post Graduate (Number of Years): _____	
20. Civilian Occupation		21. Emergency Medical Information	
22. Outline Personal and Professional Goals in CAP			
23. Remarks (Use Reverse Side or Attach Additional Sheet if Necessary)		Applicant's Signature and Date	
24. Unit Commander (if required) Recommend <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval Remarks: _____		Unit Commander's Signature and Date	
25. Wing Commander (if required) Recommend <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval Remarks: _____		Wing Commander's Signature and Date	
26. Region Commander (if required) Region Selection Number Recommend <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval Remarks: _____		Region Commander's Signature and Date	

27. Additional Remarks:

INSTRUCTION FOR COMPLETION OF CAP FORM 17

NOTE: Use of this form is optional at the discretion of the activity director (see CAPR 50-17, para 2-7b2).

See CAPR 50-17, *CAP Senior Member Professional Development Program*, for additional information and instructions.

1. APPLYING FOR ACTIVITIES:

a. For region level activities, unit commander verifies the information, makes recommendation, signs the application, retains a copy, and forwards the original to wing headquarters. Wing commander verifies application, makes recommendation, signs the application, retains a copy, and forwards the original to region headquarters for final approval by region commander.

b. For selected national level activities, unit commander verifies the information, makes recommendation, signs the application, retains a copy, and forwards the original to wing headquarters. Wing commander verifies application, makes recommendation, signs the application, retains a copy, and forwards the original to region headquarters for action (if applicable). Region commander makes recommendation, assigns selection number, signs the application, retains a copy, and forwards original to NHQ CAP/PD.

2. COMPLETING THE FORM:

Blocks 1-11, 13-15, 19-20 are self explanatory.

Block 12. Enter the month and year of Level I completion. (Example: Feb 92)

Block 16. List each specialty and the highest rating completed in that specialty. (Example: Enter 213-2 for Emergency Services Officer - Senior Level, or enter 201-1 for Public Affairs - Technician Level.)

Block 17. List names and dates of training activities such as SAR exercises, SLS, AFIADL Course-13, RSC, ACSC, AWC, etc. Use Additional Remarks section above or add additional sheet if necessary.

Block 18. List training awards only along with completion dates. (Example: Garber Award Aug 90.)

Block 21. List physical handicaps or ailments for which the applicant will be taking medication during the activity or which might affect the applicant's level of participation in activities. Provide a list of medication taken regularly. Use Additional Remarks section or add additional sheet if necessary.

Block 24. For Unit Commander.

Remarks are intended for consideration by the wing commander. Use Additional Remarks section or add additional sheet if necessary.

Block 25. For Wing Commander.

For National Staff College (NSC), wing commander approves for personnel assigned within their wing, then forwards to NHQ CAP/ETP. Use Additional Remarks section or add additional sheet if necessary.

Block 26. For Region Commander.

For National Staff College (NSC), this block is completed by region commander only for those members currently serving on the region staff, and then forwarded to NHQ CAP/PD. Remarks are intended for consideration by National Headquarters. Use Additional Remarks section or add additional sheet if necessary.