APPLICATION FOR CAP ENCAMPMENT OR SPECIAL ACTIVITY

FILL IN THE FOLLOWING PAGES AS ACCURATELY AND COMPLETELY AS POSSIBLE. PLEASE TYPE OR PRINT NEATLY; IF FORMS ARE NOT LEGIBLE THEN YOU MAY NOT BE SELECTED FOR THE ENCAMPMENT OR SPECIAL ACTIVITY THAT YOU WANT TO ATTEND.

NAME (Last Name, First Name, Middle Initial)

JOINED CAP: MM YY

CAPSN

CAP GRADE

UNIT CHARTER NUMBER

REGION

WING

ATTACH RECENT PHOTO HERE

MAILING ADDRESS (Number and Street)

(City)

(State)

(Zip Code)

DATE OF BIRTH: MM DD YY

HEIGHT

WEIGHT

GENDER

HAIR COLOR

EYE COLOR

TELEPHONE
(Home):
(Alternate):
(Business):
(Fax):

SCHOLASTIC ACHIEVEMENT
- ☐ High School Graduate
- ☐ College ☐☐ Years
- ☐ Post Graduate ☐☐ Years

RELIGIOUS PREFERENCE

PRESENT OCCUPATION

E-MAIL ADDRESS

DO YOU WISH TO ATTEND MORE THAN ONE SPECIAL ACTIVITY OR ENCAMPMENT? ☐ YES ☐ NO

SPECIAL ACTIVITY OR ENCAMPMENT	LOCATION	SLOT DESIRED (If other than Basic/General Participant)	RANK ORDER
☐ AIR EDUCATION AND TRAINING COMMAND FAMILIARIZATION COURSE			
☐ AIR FORCE SPACE COMMAND FAMILIARIZATION COURSE		☐ Escort (FL Only)	
☐ CADET OFFICER SCHOOL		☐ Cadet Staff ☐ Seminar Advisor	
☐ HAWK MOUNTAIN RANGER SCHOOL		☐	
☐ NATIONAL BLUE BERET		☐ Cadet Staff ☐ Senior Staff	
☐ NATIONAL FLIGHT ENCAMPMENT		☐ Administrative ☐ Instructor ☐ Maintenance	
☐ NATIONAL GLIDER ENCAMPMENT		☐ Administrative ☐ Instructor ☐ Maintenance	
☐ NATIONAL GROUND SEARCH AND RESCUE SCHOOL		☐ Advanced ☐ Cadet Staff ☐ Senior Staff	
☐ PARARESCUE ORIENTATION COURSE			
☐ ADVANCED PARARESCUE ORIENTATION COURSE		☐ Mountaineering ☐ Navigation	
OTHER SPECIAL ACTIVITY OR ENCAMPMENT (National, Region or Wing)			
☐		☐	
☐		☐	
☐		☐	

CONTINUE ON TO BACK

TO BE COMPLETED BY FLIGHT AND GROUND INSTRUCTOR APPLICANTS

FAA CERTIFICATES AND RATINGS	CFI CERTIFICATE NUMBER & EXPIRATION DATE	MEDICAL CERTIFICATE CLASS & DATE

TOTAL FLIGHT TIME IN HOURS	TOTAL FLIGHT TIME IN HOURS (Last 12 Months)	AIRCRAFT FLOWN (Last 12 Months)
TOTAL FLIGHT INSTRUCTION GIVEN IN HOURS	FLIGHT INSTRUCTION GIVEN IN HOURS (Last 12 Months)	AIRCRAFT FLOWN IN INSTRUCTION (Last 12 Months)
TOTAL SOLO ENDORSEMENTS	TOTAL SOLO ENDORSEMENTS (Last 12 Months)	AIRCRAFT FLOWN IN SOLOS ENDORSED (Last 12 Months)

CAP FORM 5 CHECKRIDE DATE	AIRCRAFT MAKES & MODELS AUTHORIZED ON CAPF 5	**PLEASE INCLUDE A COPY OF YOUR PILOT LOGBOOK FOR THE LAST 12 MONTHS AND A COPY OF YOUR CURRENT CAPF 5 WITH THIS APPLICATION.**

TO BE COMPLETED BY MAINTENANCE OFFICER APPLICANTS

FAA CERTIFICATES AND RATINGS	CERTIFICATE NUMBER & EXPIRATION DATE

TO BE COMPLETED BY INTERNATIONAL AIR CADET EXCHANGE APPLICANTS

FOREIGN LANGUAGE EXPERIENCE

LANGUAGE	SPEAKING ABILITY	WRITING ABILITY	OVERALL UNDERSTANDING
	☐ Good ☐ Fair ☐ Poor	☐ Good ☐ Fair ☐ Poor	☐ Good ☐ Fair ☐ Poor
	☐ Good ☐ Fair ☐ Poor	☐ Good ☐ Fair ☐ Poor	☐ Good ☐ Fair ☐ Poor

COUNTRY PREFERENCE (Countries are announced each year in the November issue of the *Civil Air Patrol News*.)

1.	2.	3.

AIRPORT INFORMATION (List the Name, City, and State of the two closest major airports within 250 miles of your home. This information will be used to purchase your airline ticket once selected.)

1.	2.

RELEVANT EXPERIENCE (Use this section 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.)

CONTINUE ON TO NEXT PAGE

MEDICAL INFORMATION - TO BE COMPLETED BY ALL APPLICANTS

This information is for Official Use Only and will not be released to unauthorized persons. 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.

HAVE YOU EVER HAD AN FAA OR OTHER FLIGHT PHYSICAL DENIED, SUSPENDED, OR REVOKED? ☐ NO ☐ YES (Give the date and reason in the remarks section.)

DO YOU CURRENTLY USE ANY MEDICATION? (Including eye drops) ☐ NO ☐ YES (List any medication taken and the reason in the remarks section.)

HAVE YOU HAD OR BEEN INVOLVED IN AN ACCIDENT IN THE PAST 2 YEARS? ☐ NO ☐ YES (Explain the extent of your injuries and treatment required in the remarks section.)

HAVE YOU HAD OR HAVE NOW ANY OF THE FOLLOWING? (If yes is answered on any items, please explain why in the remarks section with dates and physician(s) consulted (if any). Items not specifically noted below having the potential to interfere with performance during the special activity or encampment should be documented in the remarks section.)

☐ NO	☐ YES	Frequent or severe headaches	☐ NO	☐ YES	Ear infections	☐ NO	☐ YES	Chronic diseases like Diabetes or Bronchitis
☐ NO	☐ YES	Dizziness or fainting spells	☐ NO	☐ YES	Rupture	☐ NO	☐ YES	Girls only - Menstrual cramps
☐ NO	☐ YES	Unconsciousness for any reason	☐ NO	☐ YES	Positive TB skin test	☐ NO	☐ YES	Other illness or accidents
☐ NO	☐ YES	Eye trouble,excluding glasses	☐ NO	☐ YES	Epilepsy or fits	☐ NO	☐ YES	Military rejection or medical discharge
☐ NO	☐ YES	Hay fever	☐ NO	☐ YES	Kidney stones or blood in urine	☐ NO	☐ YES	Rejection for life insurance
☐ NO	☐ YES	Sugar or albumin in urine	☐ NO	☐ YES	Motion sickness	☐ NO	☐ YES	Admission to hospital
☐ NO	☐ YES	Heart trouble	☐ NO	☐ YES	Nervous trouble of any sort	☐ NO	☐ YES	Record of traffic convictions
☐ NO	☐ YES	High or low blood pressure	☐ NO	☐ YES	Any known allergies	☐ NO	☐ YES	Record of other convictions
☐ NO	☐ YES	Stomach trouble	☐ NO	☐ YES	Any drug or narcotic habit	☐ NO	☐ YES	Attempted suicide
☐ NO	☐ YES	Asthma	☐ NO	☐ YES	Chronic or recurring injuries	☐ NO	☐ YES	Medical treatment within the last 5 years other than regular office visits or physicals

IMMUNIZATIONS

FAMILY PHYSICIAN (Name, address, and phone number)

INSURANCE INFORMATION

☐ Medical

Company

Policy Number

☐ Liability

Company

Policy Number

EMERGENCY ADDRESSEE - PARENT, GUARDIAN, OR CLOSEST RELATIVE TO BE NOTIFIED IN CASE OF EMERGENCY

Name

Relationship

Address

Day Telephone

Night Telephone

REMARKS

CONTINUE ON TO LAST PAGE

RELEASE AGREEMENT

KNOW ALL MEN BY THESE PRESENTS that I am submitting my application for Civil Air Patrol Special Activities or Encampments, and I hereby volunteer entirely upon my own initiative, risk and responsibility for an assignment to participate in this activity or encampment at the first available opportunity and with full knowledge that such activity may include:

1. Traveling by land, sea or air in US military, commercial, or privately owned vehicles from regular place or residence to the site of the activity or encampment, travel incident to the activity or encampment, and subsequent return to place of residence.
2. Participation in aeronautical activities as a passenger or a student trainee in US military, commercial, or privately owned aircraft.
3. Living for a period of one week or more on diminished rations and minimal shelter simulating actual survival conditions.
4. Being quartered and/or subsisting away from regular or normal place of residence for an extended period of time.
5. Remaining with the cadet group I am assigned to at all times during the activity or encampment.
6. Acting as a spokesman for Civil Air Patrol, rendering reports on the activity or encampment.
7. Refraining from argumentative discussions concerning governmental policies.

In consideration of the permission extended to me by the Civil Air Patrol/United States of America through its officers and agents to participate in in said activity/encampment or activities/encampments, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air PAtrol, Inc./United States of America, and all its officers, agents, and employees acting official or otherwise, from any and all claims, demands, actions, or causes of action, on account of my death or on account of any injury to me or my property which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity/encampment or activities/encampments or continuances thereof, as well as all ground and flight operations incident thereto.

DATE _____ SIGNATURE OF APPLICANT _____

RELEASE BY PARENTS OR GUARDIAN

KNOW ALL MEN BY THESE PRESENTS: WHEREBY my child has applied for the activity or encampment referred to above, In consideration of the permission extended to my child by the Civil Air PAtrol/United States of America through its officers and agents to participate in said activity/encampment or activities/encampments, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents and employees acting official or otherwise, from any and all claims, demands, actions, or causes of action, on account of the death or on account of any iunjury to my child which may occur as a resultof the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity/encampment or activities/encampments or continuances thereof, as well as all ground and flight operations incident thereto. In addition, by my signature below, I certify the applicant:

1. Is my minor child or ward.
2. Has no history of injury or disease which might be affected by this activity except those previously noted in the Medical Information section of this form.
3. Will follow all rules, regulations, and directives as established by the Civil Air Patrol, Inc., activity project officer or encampment commander, or other staff members. If not following the above mentioned rules, regulations, and directives he/she may be sent home at the discretion of the project officer, encampment commander or activity director at my expense.

However, in case of injury, disease or other illness, permission is hereby granted to treat the applicant as required, and if the applicant is released from the activity before recovery from said injury, disease, or illness, further treatment will be provided by myself.

DATE _____ WITNESS FOR FATHER'S SIGNATURE _____ FATHER OR LEGAL GUARDIAN _____

WITNESS FOR MOTHER'S SIGNATURE _____ MOTHER OR LEGAL GUARDIAN _____

SQUADRON CERTIFICATION

I certify that the above information is correct and that all requirements for attendance, as specified in National Headquarters Directives, will be completed by the required dates. This applicant is the

_____ choice of _____ cadets/seniors in this squadron applying for _____.

SQUADRON COMMANDER _____

WING CERTIFICATION (Mandatory for all but Region Staff Applicants)

This applicant is the _____ choice of _____ cadets/seniors in this Wing applying for _____.

WING COMMANDER / BOARD PRESIDENT _____

REGION CERTIFICATION (IACE Escorts and Region Staff Applicants Only)

This applicant is the _____ choice of _____ cadets/seniors in this Region applying for _____.

REGION COMMANDER _____

APPLICATION CHECKLIST

- ☐ **APPLICATION IS FILLED OUT COMPLETELY AND LEGIBLY, AND HAS ALL SUPPORTING DOCUMENTATION ATTACHED**
- ☐ **APPROPRIATE NUMBER OF COPIES OF APPLICATION HAVE BEEN MADE (3 FOR NATIONAL CADET SPECIAL ACTIVITIES)**
- ☐ **REQUIRED SIGNATURES HAVE BEEN OBTAINED**
- ☐ **CHECK(S) OR MONEY ORDER(S) IS(ARE) ATTACHED IF REQUIRED (CHECKS ARE MAILED SEPARATELY FOR NATIONAL CADET SPECIAL ACTIVITIES)**
- ☐ **COPIES HAVE BEEN FORWARDED OR RETAINED AS REQUIRED (FOR NATIONAL CADET SPECIAL ACTIVITIES MEMBERS RETAIN ONE COPY, FORWARD ONE TO THEIR WING REVIEW BOARD, AND FORWARD THE THIRD COPY TO NATIONAL HEADQUARTERS BY 31 JANUARY AT THE FOLLOWING ADDRESS:**

HQ CAP/CP
105 SOUTH HANSELL STREET
MAXWELL AFB AL 36112-6332