## **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 ap	plying for a position, inc	2. Location of Activity						
3. Dates of Activity 4. Previous			y Attended This Activity?					
			s (if yes, give date)					
5. Last Name, First, Middle Initial				6. CAP Grade	7. CAPID			
				9. Telephone (Include Area Code) Work ( )				
			Home ( )					
			E-Mail					
10. Charter Number 11. Unit Name				12. Date and Method of Level I Completion				
13. Date Joined CAP 14. CAP Duty Assignment and Inc			lusive Date	tes 15. CAP Aeronautical Rating				
16. Specialties and Ratings Completed 17. Prev				ious Training Activities and Years Attended				
			a					
a			b					
b.			c.					
c			d.					
d			е					
18. Professional Devel	opment Awards		19. Scho	plastic Achievement				
a			High Sch	chool Graduate (Year):				
b			College (	College (Number of Years):				
c			Post Graduate (Number of Years):					
d								
20. Civilian Occupation 21. Eme			21. Emer	rgency Medical Information				
22. Outline Personal ar	nd Professional Goals	s in CAP						
22 Pomarka (Has Baya)	roo Cido or Attack Addit		Applicant's Signature and Date					
23. Remarks (Use Reverse Side or Attach Additional Sheet if Necessary)				Applicant's Signature and Date				
24. Unit Commander (if required)				Unit Commander's Signature and Date				
Recommend								
Remarks:								
25. Wing Commander (if required)				Wing Commander's Signature and Date				
Recommend								
Remarks:								
26. Region Commande	er (if required)	Region Commander's Signature and Date						
Region Selection Number								
Recommend	proval 🗆 Dis	approval						
Remarks:								

27. Addition	al 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/ETP.

#### 2. COMPLETING THE FORM:

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

- **Block 12.** Enter the month and year and method of Level I completion. (Example: Feb 92/Seminar or Mar 93/Mitchell Award.)
- **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/ETP. Remarks are intended for consideration by National Headquarters. Use Additional Remarks section or add additional sheet if necessary.

CAP FORM 17, MAR 03 REVERSE