

CHAPLAIN CANDIDATE TRAINING RECORD

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C., Section 12321, Personnel Records, and E.O. 9397.

PRINCIPAL PURPOSE: To monitor training progress of Chaplain Candidates. Social Security number is used for positive identification of individual.

ROUTINE USE: To monitor and administer your training program and to include your spouse and children on orders for their use of base facilities. Information may be disclosed to any DoD agency and other Federal, state, and local agencies in pursuit of their official duties.

DISCLOSURE: Disclosure is voluntary, however, failure to provide information may result in your inability to complete the training program.

INSTRUCTIONS: (1) EACH CANDIDATE MUST COMPLETE THIS FORM ANNUALLY. (2) EACH CANDIDATE IS REQUIRED TO PARTICIPATE IN APPROXIMATELY 110 DAYS OF ACTIVE DUTY TRAINING (ADT), PLUS TRAVEL AND LEAVE, THIS INCLUDES COMMISSIONED OFFICER TRAINING, THE CHAPLAIN CANDIDATE BASIC COURSE, AND TWO SUPERVISED TRAINING TOURS. (3) ADT MUST BE PERFORMED DURING THE SUMMER, IN UNITS OF NOT LESS THAN 35 DAYS. REQUIRED ADT MUST BE COMPLETED NO LATER THAN 90 DAYS (3 MONTHS) FOLLOWING GRADUATION FROM SEMINARY. EXCEPTIONS TO THESE POLICIES MAY BE APPROVED BY THE CHAPLAIN CANDIDATE PROGRAM MANAGER.

NAME	SSN	HOME PHONE NO. WITH AREA CODE
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PERMANENT HOME ADDRESS	MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE
	NAME OF SPOUSE <i>(Last, First, MI)</i>

DATE ENTERED SEMINARY	ANTICIPATED GRADUATION DATE	ANTICIPATED/ACTUAL DATE OF ORDINATION	ANTICIPATED DATE AVAILABLE FOR REAPPOINTMENT
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NAME OF SEMINARY YOU ATTEND	YOUR ADDRESS AT SEMINARY
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YOUR E-MAIL ADDRESS	YOUR PHONE NO. AT SEMINARY WITH AREA CODE
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I PREFER TO RECEIVE MY MAIL AT: <input type="checkbox"/> PERMANENT HOME ADDRESS <input type="checkbox"/> MY SEMINARY ADDRESS	NAME OF ENDORSING AGENCY/DENOMINATION
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NO. OF YEARS IN WHICH YOU INTEND TO COMPLETE PROGRAM <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 3 YEARS	CATHOLIC DIOCESE/COMMUNITY
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PRIOR MILITARY SERVICE	BRANCH	JOB TITLE	HIGHEST GRADE
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TRAINING HISTORY OF CANDIDATE	ACTIVE DUTY TRAINING BASE/SCHOOL	FROM	TO	NO. DAYS	MAJCOM	SUPERVISOR
	CHAPLAIN CANDIDATE BASIC COURSE				AETC	
	COMMISSIONED OFFICER TRAINING				AETC	

TRAINING PROJECTION OF CANDIDATE	ARE YOU AVAILABLE FOR FY _____ TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, BRIEFLY STATE WHY NOT, AND WHEN YOU WILL BE:		
	If Yes, read following and complete: (1) Bases for ADT are divided into major commands. Your two supervised training tours must be at bases under different commands. This should be kept in mind when indicating your preferences for training. (2) List in order of preference the major command and bases for your next ADT and also the dates you will be available.	MAJOR COMMAND	BASE	INCLUSIVE DATES

I have completed the required training for the Chaplain Candidate program and request continuation status. Please attach explanation.

I am aware that AF Form 475, Education/Training Record, is sent to my endorsing agency when rendered.	SIGNATURE	DATE
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