

## WASHINGTON WING SENIOR ACTIVITY APPLICATION

<b>NAME:</b> Last Name, First Name, Middle Initial (print clearly)			
<b>MAILING ADDRESS:</b> (Number and Street)			
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>HOME PHONE</b>
<b>WORK PHONE</b>	<b>PAGER</b>	<b>FAX</b>	
<b>CAPSN</b>	<b>E-MAIL ADDRESS</b>	<b>CIVILIAN OCCUPATION</b>	
<b>CAP GRADE</b>	<b>DATE JOINED CAP</b>		<b>GENDER</b>
	Month:	Year:	M - F
<b>UNIT NAME:</b>		<b>CHARTER NUMBER</b>	
<b>SCHOLASTIC ACHIEVEMENT:</b> <input type="checkbox"/> Post Graduate __years <input type="checkbox"/> College __ years <input checked="" type="checkbox"/> High School Graduate			
<b>PREVIOUS TRAINING ACTIVITIES AND YEARS ATTENDED (courses-encampments, etc.)</b>			
1. _____	5. _____		
2. _____	6. _____		
3. _____	7. _____		
4. _____	8. _____		
<b>DATE AND HOW LEVEL I COMPLETED</b>		<b>SQUADRON DUTY ASSIGNMENT</b>	
<b>SENIOR PROGRAMS AWARDS:</b> (check One)			
<input type="checkbox"/> Certificate of Proficiency <b>Level II</b>		<input type="checkbox"/> Grover Loening Award <b>Level III</b>	
<input type="checkbox"/> Paul E, Garber Award <b>Level IV</b>		<input type="checkbox"/> Gil Robb Wilson Award <b>Level V</b>	
<b>DESIRED ACTIVITY (check only one box per application)</b>			
<b><u>ENCAMPMENTS</u></b>	<b><u>FLIGHT CAMPS</u></b>	<b><u>TRAINING</u></b>	<b><u>OTHER</u></b>
<input type="checkbox"/> Summer	<input type="checkbox"/> Power	<input type="checkbox"/> WTC	<input type="checkbox"/> SLS
<input type="checkbox"/> Winter	<input type="checkbox"/> Glider	<input type="checkbox"/> ESTA	<input type="checkbox"/> CLC
_____			
_____			
<b><u>STAFF APPLICATIONS (only)</u></b>			
Desired Position	1. _____	2. _____	3. _____

**SENIOR ACTIVITY APPLICATION**

**RELEASE AGREEMENT**

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

1. Traveling in US Military, Civil Air Patrol, commercial, or private owned vehicle from regular place of the activity, travel incident to the activity, and subsequent return to place of the activity.
2. Participation in aeronautical activities as a passenger or a student trainee in US Military, Civil Air Patrol, 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.

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 said activity, 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 or continuances thereof, as well as all ground and flight operations incident thereto.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**Refund Policy**

1. All applications for any activity must be complete and be accompanied by full payment or the application will not be processed.
2. All out-of-state seniors must send only a cashier's check or money order. No Personal checks.
3. Refund Policy: All requests for refunds must be in writing and postmarked by the dates shown below.
  - a. Cancellations 14 or more days before the scheduled activity will receive a 90% refund.
  - b. Cancellations 5 – 13 days before the scheduled activity will receive a 50% refund.
  - c. Cancellation 4 days or less before the scheduled activity will receive 0% refund.

(INITIAL HERE)

I have read & understand the refund policy.

**PRINT APPLICANT'S NAME**

**APPLICANT'S SIGNATURE**

**DATE**

**UNIT** COMMANDER ACTION Recommend:  Approved  Disapproved

**PRINT COMMANDER'S NAME**

**COMMANDERS SIGNATURE**

**DATE**

**(REQUIRED FOR MEMBERS FROM OTHER THAN WA WING)**

**WING** COMMANDER ACTION Recommend:  Approved  Disapproved

**PRINT COMMANDER'S NAME**

**COMMANDERS SIGNATURE**

**DATE**