



**CIVIL AIR PATROL
UNITED STATES AIR FORCE AUXILIARY
WRIGHT BROTHERS 282nd AERO COMPOSITE SQUADRON
[HTTP://WWW.SQUADRON282.COM](http://www.squadron282.com)**



NEW CADET SPONSOR MEMBER PACKET

Welcome!

I'd like to take a moment to thank you for your interest in the Civil Air Patrol. Since 1941, our members have been performing "Missions for America", showing professionalism through everyday service. Our cadet program relies heavily on the involvement and participation of our parents and family members. I'm excited that you are interested in joining our organization!

I have included a packet of information here that will assist you in the first steps as a new member of the Civil Air Patrol. It should answer many of your basic questions regarding the application process, membership dues, uniforms, and other requirements. My staff and I are always available to handle any questions you may have as well!

Sincerely,

A handwritten signature in black ink, appearing to read "Chris Vecchi".

Christopher Vecchi, Capt, CAP
Commander, GLR-OH-282



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CADET SPONSOR MEMBERSHIP INFORMATION

Cadet Sponsor Member (CSM) is a membership category established to allow parents, grandparents and guardians of current CAP cadets to assist their unit's cadet program by providing adult supervision, transportation, overnight chaperons, and any other cadet related tasks deemed necessary and proper by the unit commander.

- a. CSMs will pay annual national membership dues (New are \$30.00, renewals are \$20.00 per year). They are exempt from paying region, wing, or squadron dues.
- b. They receive a specially annotated membership card.
- c. They must be assigned to the same unit as their cadet child, grandchild or ward.
- d. They must complete Level I and Cadet Protection Program training prior to associating in any way with CAP cadets.
- e. They may ride in or drive a corporate vehicle after receiving a CAP motor vehicle operator identification card in accordance with CAPR 77-1 and in support of their approved tasks.
- f. They may ride (as a passenger only) on CAP air transportation if available.
- g. CSMs may not act as crew members of CAP or privately owned aircraft in support of CAP events or missions.
- h. They may wear any of the CAP distinctive uniforms if desired (and approved by unit commander). However, CSMs may not wear the Air Force-style uniform. If they do not wear a uniform, they will wear clothing appropriate for the circumstances and the distinctive nametag.
- i. CSMs will not earn CAP rank, awards, or decorations.
- j. Their membership stays in effect until their cadet leaves the CAP program for any reason.

2. **Membership Eligibility.** CSMs must be a parent, grandparent or legal guardian of an active CAP cadet and meet all the regular senior member eligibility criteria outlined in CAPR 39-2, paragraph 3-2.

3. **Application Procedures.** Individuals applying for CSM must complete a CAPF 12, annotated in red across the top "CADET SPONSOR." They must also indicate the full name and serial number of the cadet member he or she is supporting on the CAPF 12. The unit commander must submit a FD Form 258, FBI Applicant Fingerprint Card, and check for membership dues to National Headquarters with the application after approval. Once the application is processed by National Headquarters, the sponsor member will receive a specially annotated membership card and a special blazer-style nametag.

4. **Membership Year.** The membership year commences on the date the individual's application is processed by National Headquarters and terminates 1 year later on the last day of the month in which the membership application is processed by National Headquarters. In the event the applicant is not accepted by National Headquarters, membership dues will be refunded and membership will become null and void.

5. **Membership Renewal.** National Headquarters will automatically contact each member 60 days in advance of the membership expiration date. The renewing member forwards renewal dues directly to National Headquarters. The membership renewal policy outlined for senior members in Chapter 4 of CAPR 39-2 also applies to CSM members.

6. **Transfer to Active Membership.** Cadet sponsor members may transfer to active membership status (at no additional cost for the remaining membership year) by submitting a CAPF 2a. Section II, Duty Assignment/Status Change, will be used, i.e., transfer from "Cadet Sponsor" to "Active Status." The original copy will be forwarded directly to National Headquarters and the file copy placed in the individual's personnel file.



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CADET SPONSOR MEMBERSHIP DUES FACT SHEET

The following list of expenses is provided as a reference for prospective new Cadet Sponsor Members. Please note that the squadron cannot accept lump sum checks or cash.

National Headquarters Dues

\$30.00 First year dues. Checks are payable to National Headquarters CAP/DPP.

Total = \$30.00

WHAT CAP ACTIVITIES ARE YOU MOST INTERESTED IN?

AEROSPACE EDUCATION PROGRAM

- AEROSPACE EDUCATION OFFICER
- AEROSPACE EDUCATION INSTRUCTOR
- CADET AEROSPACE OPPORTUNITIES COUNSELOR
- SPEAKER

CADET PROGRAM

- DRILL AND CEREMONIES
- DRIVER
- ENCAMPMENT STAFF
- FLIGHT ENCAMPMENT STAFF
- INSTRUCTOR
- LEADERSHIP POSITION
- ORIENTATION PILOT
- SPECIAL ACTIVITIES STAFF

EMERGENCY SERVICES

- CHECK PILOT
- COUNTERDRUG PILOT
- DISASTER RELIEF
- INSTRUCTOR PILOT
- SEARCH AND RESCUE
 - GROUND TEAM
 - PILOT
 - OBSERVER/SCANNER
- RADIO COMMUNICATIONS

PLEASE LIST ANY OTHER SKILLS OR INTERESTS YOU HAVE WHICH MIGHT BE HELPFUL TO YOUR CAP UNIT.

OATH OF MEMBERSHIP

(READ CAREFULLY BEFORE SIGNING)

I do solemnly swear (or affirm) that:

I understand membership in the Civil Air Patrol is a privilege, not a right, and that membership is on a year-to-year basis subject to recurring renewal by CAP. I further understand failure to meet membership eligibility criteria will result in automatic termination at any time.

I voluntarily subscribe to the objectives and purposes of the Civil Air Patrol and agree to be guided by CAP Core Values, Ethics Policies, Constitution & Bylaws, Regulations and all applicable Federal, State, and Local Laws.

I understand only the Civil Air Patrol corporate officers are authorized to obligate funds, equipment, or services.

I understand the Civil Air Patrol is not liable for loss or damage to my personal property when operated for or by the Civil Air Patrol. I further understand that safety is critical for the protection of all members and protection of CAP resources. I will at all times follow safe practices and take an active role in safety for myself and others.

I agree to abide by the decisions of those in authority of the Civil Air Patrol.

I certify that all information on this application is presently correct and any false statement may be cause to deny membership. I understand I am obligated to notify the Civil Air Patrol if there are any changes pertaining to the information on the front of this form and further understand that failure to report such changes may be grounds for membership termination.

I fully understand that this Oath of Membership is an integral part of this application for senior membership in the Civil Air Patrol and that my signature on the form constitutes evidence of that understanding and agreement to comply with all contents of this Oath of Membership.

Signature of Applicant: _____ Date: _____

Witness Signature: _____ Date: _____

EMERGENCY NOTIFICATION DATA			
PERSONAL INFORMATION			
LAST NAME	FIRST NAME	MI	CAP RANK
ADDRESS		CITY	STATE AND ZIP CODE
CIVIL AIR PATROL UNIT INFORMATION			
UNIT CHARTER NO. GLR-OH-282	UNIT NAME WRIGHT BROS 282ND COMP SQ	UNIT LOCATION (City and State) DAYTON OH	
UNIT COMMANDER'S NAME CHRISTOPHER A VECCHI		CAP RANK CAPT	TELEPHONE (Weekdays) AC: 937 NO. 604-6049
ADDRESS 435 EAST PEASE AVENUE WEST CARROLLTON, OH 45449		TELEPHONE (Nights & Weekends) AC: 937 NO. 604-6049	
PERSON TO NOTIFY IN CASE OF EMERGENCY			
NAME (Mr., Mrs., etc.)		RELATIONSHIP	TELEPHONE (Weekdays) AC: NO.
ADDRESS		TELEPHONE (Nights & Weekends) AC: NO.	CELL PHONE

CAP FORM 60, DEC 03 Previous editions will not be used after 31 Mar 04

OPR/ROUTING: LMM

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EMERGENCY MEDICAL DATA

PERSONAL PHYSICIAN _____ PHONE _____

PHYSICIAN'S ADDRESS _____ CITY _____

BLOOD TYPE _____

PERTINENT MEDICAL DATA (Allergies, Diseases, Chronic Illnesses, medications, etc.) _____

CAP FORM 60, DEC 03 REVERSE

EMERGENCY MEDICAL DATA

PERSONAL PHYSICIAN _____ PHONE _____

PHYSICIAN'S ADDRESS _____ CITY _____

BLOOD TYPE _____

PERTINENT MEDICAL DATA (Allergies, Diseases, Chronic Illnesses, medications, etc.) _____

CAP FORM 60, DEC 03 REVERSE