

MEMBERSHIP BOARD INTERVIEW SHEET											
1. PERSONAL INFORMATION											
a. NAME (last, first, middle)						b. INTERVIEW DATE, TIME & LOCATION					
c. APPLICATION COMPLETE? <input type="checkbox"/> YES <input type="checkbox"/> NO		d. WEEKS SINCE FIRST CONTACTED SQ?		e. MEMBERSHIP CATEGORY <input type="checkbox"/> SENIOR <input type="checkbox"/> CADET <input type="checkbox"/> CADET SPONSOR				f. BOARD RECOMMENDATION <input type="checkbox"/> ACCEPT <input type="checkbox"/> DO NOT ACCEPT			
2. BACKGROUND											
a. PROFESSION						b. EDUCATION					
c. PROFESSIONAL ASSOCIATIONS				d. SPECIAL CERTIFICATIONS OR QUALIFICATIONS				e. NEGATIVE BACKGROUND INFORMATION (if any) <input type="checkbox"/> DISQUALIFYING <input type="checkbox"/> MARGINAL <input type="checkbox"/> NEUTRAL <input type="checkbox"/> NO FACTOR			
f. IF CURRENT/FORMER MILITARY, CHARACTERIZE SERVICE (use reverse if necessary)						g. IF CURRENT/FORMER CAP, CHARACTERIZE SERVICE (use reverse if necessary)					
h. SPECIAL SKILLS (ie. Skills not apparent from application or others demanding emphasis)											
3. ORGANIZATIONAL INTERESTS (from interviewing, not from CAPF 12 information)											
a. FUNCTIONAL AREA INTERESTS <input type="checkbox"/> EMERGENCY SVCS <input type="checkbox"/> FLIGHT OPS / AIRCREW <input type="checkbox"/> GROUND SAR <input type="checkbox"/> COMMUNICATIONS <input type="checkbox"/> CADET PROGRAMS <input type="checkbox"/> MORAL LEADERSHIP <input type="checkbox"/> LOGISTICS <input type="checkbox"/> AEROSPACE <input type="checkbox"/> TRANSPORTATION <input type="checkbox"/> ADMINISTRATION <input type="checkbox"/> TRAINING <input type="checkbox"/> AIRCRAFT MAINTENANCE <input type="checkbox"/> LEADERSHIP <input type="checkbox"/> COMMAND <input type="checkbox"/> PUBLIC AFFAIRS <input type="checkbox"/> CHAPERONE/DRIVER								b. INTERESTED IN USING PROFESSIONAL SKILLS AT CAP? <input type="checkbox"/> YES <input type="checkbox"/> NO			
								c. DO QUALIFICATIONS OR EXPERIENCE MATCH INTERESTS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
4. SUITABILITY											
<i>INSTRUCTIONS: Circle the appropriate rating scale box, insert rating in block at left, multiply by Weight Factor</i>											
a. DESIRE (interest in organization, motivation, commitment to volunteerism, why Civil Air Patrol)											
_____ x 2 = _____	1	2	3	4	5	6	7	8	9	10	<p>Has not taken the time to investigate organization apart from visiting unit, volunteer potential is unclear or not present, why this individual wants to join Civil Air Patrol is unclear.</p> <p>Has demonstrated interest in the organization and has researched CAP in addition to visiting unit, is motivated to be a volunteer but may not understand all requirements, is motivated to be a member but may not be able to articulate all reasons why.</p> <p>Has extensively researched organization, including reading websites and regulations, understands volunteerism and the concept of "unpaid professional," can explain why he/she wants to join.</p>
b. WILLINGNESS (eagerness, use of skills and abilities, conformity to rules and standards)											
_____ x 3 = _____	1	2	3	4	5	6	7	8	9	10	<p>Not eager to participate, has prior track record of joining/dropping out of organizations, has no discernable skills or abilities to apply, may not be capable of conforming to organizational norms.</p> <p>Eager to join, but not well focused, expresses interest in some areas but is unclear how his/her skills fit into mission role, able to conform to organizational standards with some work.</p> <p>Eager and willing, highly focused, is willing to use interests, skills or abilities to benefit the organization, fully capable of conforming to organizational standards and norms with little difficulty.</p>
c. CAPABILITY (leadership potential, professional skills, character, background, membership requirements)											
_____ x 3 = _____	1	2	3	4	5	6	7	8	9	10	<p>Leadership potential not apparent, lacks professional skills related to CAP missions or functions, character unclear or negative, has negative background information or does not meet membership requirements in CAPR 39-2, paras 2-x and 3-x</p> <p>Has some leadership potential, has some skills or abilities related to organization, positive character, background not negative or neutral, meets minimum membership requirements in CAPR 39-2, para 2-x and 3-x</p> <p>Exceptional leadership potential, possesses skills and abilities that are closely aligned with missions and functions, has exemplary character and background, exceeds membership requirements in CAPR 39-2.</p>
d. AVAILABILITY (schedule, workload, restrictions)											
_____ x 2 = _____	1	2	3	4	5	6	7	8	9	10	<p>Not available for weekly or monthly meetings, has little available disposable time, not available for weekends, nights or on-call/alert scheduling, additional time restrictions or scheduling constraints that reduce or preclude participation.</p> <p>Able to make many but not all unit meetings, has some disposable time, available for some weekends, nights or on-call/alert scheduling, has some time restrictions or scheduling constraints that may impact participation;</p> <p>Able to make nearly all unit meetings or training assemblies, has sufficient disposable time to commit to CAP, available for weekend, night and on-call/alert scheduling, has few time restrictions or scheduling constraints that might impact participation;</p>
5. OVERALL SUITABILITY EVALUATION (total blocks 4a, b, c, d.. Place an X in appropriate rating block)											
TOTAL (blocks 4a, b, c, d)	DOES NOT MEET STANDARDS (SM: below 50, Cadet: below 25, CSM below 30)			MEETS STANDARDS, REQUIRES TRAINING (SM: 50-75, Cadet: 25-50, CSM: 35-45)			MEETS STANDARDS (SM: 76-85, Cadet: 51-75, CSM: 46-80)			EXCEEDS STANDARDS (SM: 86-100, Cadet: 76-100, CSM: 81-100)	
6. BOARD CERTIFICATION											
The membership board has reviewed this candidate for membership per the provisions of CAPR 39-2, Membership, para 1-5, "to assist the commander in determining the eligibility of new applicants," and have rendered the following individual opinions for membership. The recommendation found in Block 6 shall reflect the general consensus of the board found here.											
	PRINTED NAME	SIGNATURE				RECOMMENDATION					
PRESIDENT						<input type="checkbox"/> ACCEPT <input type="checkbox"/> DO NOT ACCEPT					
BOARD MEMBER						<input type="checkbox"/> ACCEPT <input type="checkbox"/> DO NOT ACCEPT					
BOARD MEMBER						<input type="checkbox"/> ACCEPT <input type="checkbox"/> DO NOT ACCEPT					
BOARD MEMBER						<input type="checkbox"/> ACCEPT <input type="checkbox"/> DO NOT ACCEPT					