



DEPARTMENT OF THE U.S. AIR FORCE EXPLORERS

APPLICATION FOR CADET CANDIDATE STATUS

I. CANDIDATE IDENTIFICATION DATA

1. NAME (Last, First, Middle Initial)		2. DT OF BIRTH (MM / DY / YEAR)		3. AFX SERIAL NO. (AFX Internal use only)	
4. MAILING ADDRESS (Number and Street)			5. GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	6. HEIGHT	7. WEIGHT
8. BLOOD TYPE		9. APT		10. CITY	
11. STATE		12. ZIP CODE		13. PLUS 4	
14. HOME PH. (Land Line)		15. MOBILE PHONE NO.		16. FAX PHONE NO.	
17. PERSONAL EMAIL ADDRESS _____ @ _____ . _____					
18. SCHOOL NAME			19. SCHOOL LOCATION (City, ST)		20. GRADE
21. FUTURE CAREER OBJECTIVE					22. U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO

II. CANDIDATE TRAINING BACKGROUND DATA

1. MILITARY TYPE TRAINING <input type="checkbox"/> JROTC <input type="checkbox"/> ACAMEMY <input type="checkbox"/> CAP <input type="checkbox"/> ROTC <input type="checkbox"/> BOY SCOUTS <input type="checkbox"/> OTHER		2. AVIATION TRAINING <input type="checkbox"/> STUDENT PILOT <input type="checkbox"/> GLIDER <input type="checkbox"/> ROTOR <input type="checkbox"/> PRIVATE PILOT <input type="checkbox"/> FIXED <input type="checkbox"/> OTHER _____	
3. PRIMARY MILITARY TRAINING DATA (Type, Unit, Location, Grade, Dates of Participation)		4. FAA CERTIFICATION CURRENT <input type="checkbox"/> PRIVATE PILOT GLIDER # _____ <input type="checkbox"/> <input type="checkbox"/> PRIVATE PILOT FIXED # _____ <input type="checkbox"/> <input type="checkbox"/> INSTRUMENT # _____ <input type="checkbox"/> <input type="checkbox"/> CFI # _____ <input type="checkbox"/> <input type="checkbox"/> CFII # _____ <input type="checkbox"/> <input type="checkbox"/> COMMERCIAL # _____ <input type="checkbox"/> <input type="checkbox"/> FAA PHYSICAL # _____ <input type="checkbox"/> <input type="checkbox"/> ANNUAL/BIANNUAL # _____ <input type="checkbox"/>	
5. PRIMARY MILITARY TRAINING DATA (Type, Unit, Location, Grade, Dates of Participation)		7. FLIGHT INSTRUCTION DATA (Instructor, Airport)	
6. PRIMARY MILITARY TRAINING DATA (Type, Unit, Location, Grade, Dates of Participation)			

III. CANDIDATE CERTIFICATION

1. AIR FORCE EXPLORER STATEMENT As an Explorer, I believe that America's strength lies in our trust in God and in the courage, strength, and traditions of our people. I will, therefore, be faithful in my religious duties and will maintain a personal sense of honor in my own life. I will treasure my American heritage and will do all I can to preserve and enrich it. I will recognize the dignity and worth of all humanity and will use fair play and goodwill in my daily life. I will acquire the Exploring attitude that seeks the truth in all things and adventure on the frontiers of our changing world.	
2. CADET APPLICANT SIGNATURE	3. DATE



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IV. CANDIDATE FAMILY DATA

1. PARENT or GUARDIAN (<i>Last, First, Middle Initial</i>)		2. COMMENTS ABOUT CANDIDATE			
3. MAILING ADDRESS (Number and Street)					
4. APT	5. CITY	6. STATE	7. ZIP CODE	8. PLUS 4	
9. HOME PH. (Land Line) () - -		10. MOBILE PHONE NO. () - -		11. FAX NUMBER () - -	
13. EMPLOYER'S NAME			14. EMPLOYER'S LOCATION		15. TITLE / POSITION
16. WORK TELEPHONE		17. WORK FAX NUMBER		18. WORK MOBILE NUMBR	
20. CANDIDATES HEALTH STATUS			21. COMMENTS REGARDING HEALTH OF CANDIDATE		
<input type="checkbox"/> CANDIDATE HAS NO PHYSICAL LIMITATIONS <input type="checkbox"/> CANDIDATE HAS MINOR PHYSICAL LIMITATIONS <input type="checkbox"/> AFX FORM 206, HEALTH APPLICATION, ATTACHED					

20. PARENT / GUARDIAN APPROVAL (This application for Cadet Officer Candidate Status for my child.)
 I understand that my child will be flying in various civilian and military aircraft during training. Also, my child will be involved in rigorous outdoor and indoor Unit activities. I agree to support my child emotionally and financially and be an encourager as they strive to achieve their aviation or military career goals.

21. PARENT / GUARDIAN SIGNATURE	22. DATE	23. CONTACT APPROVAL <input type="checkbox"/> YOU MAY CONTACT ME AT WORK <input type="checkbox"/> DO NOT CONTACT ME AT WORK
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V. CANDIDATE (REQUIRED) REFERENCES

1. PERSON RESPONSIBLE FOR YOUR INTERST <input type="checkbox"/> RECOMMENDATION LETTER ATTACHED	2. TELEPHONE NUMBERS	3. EMAIL ADDRESS
4. CURRENT OR PREVIOUS TRAINING LEADER <input type="checkbox"/> RECOMMENDATION LETTER ATTACHED	5. TELEPHONE NUMBERS	6. EMAIL ADDRESS
7. CURRENT OR PREVIOUS TRAINING LEADER <input type="checkbox"/> RECOMMENDATION LETTER ATTACHED	8. TELEPHONE NUMBERS	9. EMAIL ADDRESS
10. CURRENT OR PREVIOUS TRAINING LEADER <input type="checkbox"/> RECOMMENDATION LETTER ATTACHED	11. TELEPHONE NUMBER	12. EMAIL ADDRESS
13. CURRENT SCHOOL TEACHER <input type="checkbox"/> RECOMMENDATION LETTER ATTACHED	14. TELEPHONE NUMBER	15. EMAIL ADDRESS
16. PERSONAL REFERENCE <input type="checkbox"/> RECOMMENDATION LETTER ATTACHED	17. TELEPHONE NUMBER	18. EMAIL ADDRESS
19. PERSONAL REFERENCE <input type="checkbox"/> RECOMMENDATION LETTER ATTACHED	20. TELEPHONE NUMBER	21. EMAIL ADDRESS



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VI. QUALIFICATIONS RECORD *(Internal AFX Staff Use Only)*

1. INITIAL COMM / RECRUITING MEETING <input type="checkbox"/> PHONE CALL <input type="checkbox"/> FLYER <input type="checkbox"/> BSA EVT <input type="checkbox"/> REC'D EMAIL INFO. <input type="checkbox"/> WEBSITE <input type="checkbox"/> HS CAREER DAY <input type="checkbox"/> DRILL MEET <input type="checkbox"/> MIL ACAD RECR EVT <input type="checkbox"/> OTHER	2. DATE 	3. VERIFICATION (NAME AND GRADE)
4. SQ. RECRUITING EVENT / MEETING <input type="checkbox"/> ATTENDED <input type="checkbox"/> CANCELLED	5. DATE 	6. VERIFICATION (NAME AND GRADE)
5. SQ. UNIT ORIENTATION MEETING <input type="checkbox"/> RSVP'D <input type="checkbox"/> ATTENDED <input type="checkbox"/> CANCELLED <input type="checkbox"/> NO SHOWED	6. DATE 	7. VERIFICATION (NAME AND GRADE)
8. MILITARY GOALS STATEMENT <input type="checkbox"/> RECEIVED <input type="checkbox"/> NOT COMPLETED	9. DATE 	10. VERIFICATION (NAME AND GRADE)
11. SQUADRON BOARD INTERVIEW(S) <input type="checkbox"/> SCHEDULED <input type="checkbox"/> ATTENDED <input type="checkbox"/> NO SHOW'D <input type="checkbox"/> CANCELLED	12. DATE 	13. VERIFICATION (NAME AND GRADE)

VII. REMARKS *(Internal AFX Staff Use Only)*

1. ADDITIONAL APPROVAL STAFF COMMENTS

VII. DEPARTMENT OF THE AIR FORCE EXPLORER APPROVALS *(Internal AFX Staff Use Only)*

1. SQUADRON OF RECORD (Sq. Name / City, ST)	2. AFFILIATION <div style="text-align: center; font-weight: bold; color: blue;">UNITED STATES AIR FORCE EXPLORERS</div>	
3. REVIEW BOARD MEMBER (Name and Grade)	4. COMMENTS 	
5. REVIEW BOARD MEMBER SIGNATURE	6. RECOMMENDATION <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	7. DATE
8. SQUADRON COMMANDER (Name and Grade)	9. COMMENTS 	
10. SQUADRON COMMANDER SIGNATURE	11. RECOMMENDATION <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	12. DATE
13. FINAL RECOMMENDATION <i>I certify that this Candidate application has been reviewed and evaluated without bias. The disposition of this application is as indicated below. If approved, membership commences on the date below.</i>		
14. AFX REPRESENTATIVE (Name and Grade)	15. COMMENTS 	
16. REVIEW BOARD CHAIRMAN SIGNATURE	17. RECOMMENDATION <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <i>(If approved)</i> 18. TRNG START DATE ____ - ____ - 20____ 19. OTF: ____ - ____ or 20. BTF: ____ - ____	218. DATE FINAL REVIEW