



MARINE CORPS INSTALLATIONS WEST
 MARINE CORPS BASE, CAMP PENDLETON
 CHAPLAIN ENRICHMENT RELIGIOUS DEVELOPMENT OPERATION (CREDO)
 PROGRAM/EVENT APPLICATION FORM



OFFICE NUMBER: (760)-725-4954
 LOCATION: Marine Corps Base,
 Camp Pendleton, BLDG 1344
 WEBSITE: www.mcesep.com/credomciwest
 Facebook Page: CREDO MCIWEST
 Instagram Page: CREDO MCIWEST

Choose which program:

From:

To:

PRIVACY ACT STATEMENT

SORN NM01730-1

AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; and SECNAVINST 1730.9, Confidential Communications to Chaplains.

PRINCIPLE PURPOSE: To provide and document confidential pastoral care given to counselees who have participated in the CREDO MCIWEST Program.

ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as routine use pursuant to 5 U.S.C. 552a(b)(3).

DISCLOSURE: The rank/rate, name, address, e-mail, and phone numbers will be used to create a roster at the end of your event. Furnishing this information is highly encouraged. Any individual who does not sign and date this form will be excluded from the aforementioned roster.

It is the Department of Defense's policy to treat all service members equally. CREDO MCIWEST programs are open to all Active Duty service members and dependents. The goals of these programs are to strengthen relationship and personal development skills in an environment that is free from the every-day distractions of life. Participants, chaplains, and support personnel in these programs may have religious views that differ from your own. These programs will be conducted in a manner that is sensitive to the diverse religious, spiritual, moral, cultural, and personal beliefs of the participants.

Some of these may not apply to all programs.

GENERAL INFORMATION

Name (Last, First, MI): Unit: Today's Date:

DoD ID: Rank: Branch: Gender: Date of Marriage:

Work Phone Number: Work E-mail Address:

Cell Phone Number: Personal E-mail Address:

Spouse/Fiance First Name: Rank: Branch: Gender:

Work Phone Number: Work E-mail Address:

Cell Phone Number: Personal E-mail Address:

List any special needs, dietary restrictions, or food allergies below:

IF APPLICABLE TO THE SELECTED PROGRAM

List all children attending the program by name, age, gender, relationship, as well as any dietary restrictions and allergies (food, drugs, pollen, etc.).

Name (Last, First, MI)	Age/Gender(M/F)	Relationship	Diet Restriction	Allergies
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EMERGENCY CONTACT INFORMATION

Name (Last, First, MI): _____ Relationship: _____
 Work Phone Number: _____ Cell Phone Number: _____
 Address: _____ City: _____ State: _____ Zip Code: _____

STATEMENT OF UNDERSTANDING AND AUTHORIZATION

Please read and check Yes or No:

I understand that I forfeit my slot for the event, if I fail to submit this form before the deadline. YES NO

I understand that, if I am selected, but consequently unable to attend this event, I must cancel with the CREDO MCIWEST staff immediately to ensure my spot is filled by another applicant. YES NO

I understand that my appointed place of duty is the event site. If I fail to show without a confirmed cancellation acknowledged by the CREDO MCIWEST office, my command will be notified. YES NO

I understand that CREDO MCIWEST is a voluntary program. Alcohol **WILL NOT** be consumed at the event. Any last minute cancellations, "no shows", will result in my command being notified immediately. YES NO

I understand that I must inform CREDO MCIWEST, upon confirmation of attendance, should I need to bring a service animal, as defined by the ADA, to the retreat. I understand that I must also notify the hotel in advance and that additional charges will not be covered by CREDO MCIWEST. YES NO

I understand that pictures may be taken throughout the event, and if I do not wish to participate, I may politely decline. YES NO

Have you attended any CREDO MCIWEST retreats in the last 12 months? If you have, please specify the dates you have attended below. You will be placed on the wait list to allow others the opportunity to attend. YES NO

Retreat Name: _____ Location: _____ From: _____ To: _____

Service Member Signature: _____ Today's Date: _____

COMMAND INFORMATION AND SUPERVISOR RECOMMENDATION

I acknowledge that the CREDO MCIWEST program/event for which the service member is registering, is his or her appointed place of duty for the duration of the program/event. The member is allowed to take time-off for travel to the event site stated in the confirmation e-mail sent from the CREDO MCIWEST office. If required by this command, Permissive Temporary Additional Duty (TAD)/No-Cost TAD orders will be issued. The member's supervisor/Officer-In-Charge (OIC) will ensure that the member fulfills their obligation to the CREDO MCIWEST office. In the event of a cancellation or an emergency, the member will contact CREDO MCIWEST. **Failure to show will result in the misuse of Marine Corps funds.**

APPROVED DISAPPROVED

SNCOIC/OIC/SUPERVISOR (Last, First, MI): _____ Rank: _____ Today's Date: _____

E-mail: _____ Work Phone Number: _____ Cell Phone Number: _____

SNCOIC/OIC/SUPERVISOR SIGNATURE: _____