



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



OFFICE NUMBER: (760)-725-4954
 LOCATION: Marine Corps Base,
 Camp Pendleton, BLDG 1344
 WEBSITE: www.mccsep.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 1730.9A, Privileged Confidential Communications to Chaplains.

PRINCIPLE PURPOSE: To protect the privileged and confidential information communicated to Navy Chaplains.

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.

GENERAL INFORMATION

Sponsor (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:

EMERGENCY CONTACT INFORMATION

Name (Last, First, MI):

Relationship:

Work Phone Number:

Cell Phone Number:

Address:

City:

State:

Zip Code:



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STATEMENT OF UNDERSTANDING AND AUTHORIZATION

Please read and check Yes or No:

- | | | |
|--|-----|----|
| I understand that I forfeit my slot for the event, if I do not obtain command approval and signature below. | 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. Any last minute cancellations, "no shows", will result in my command being notified immediately. | 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 to be present during all sessions and activities, during the event. | YES | NO |
| I understand that childcare is not provided. | YES | NO |
| I understand that CREDO MCIWEST is a voluntary program. Alcohol WILL NOT be consumed at the event. | 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 |

Previous Retreat 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: