

Colorado Wing Activity Approval
 (This request is for non-flying activities. AFAM missions will continue to use WIMRS processes.)

Activity Information			
Activity Name:			
<input type="checkbox"/> Single Activity		<input type="checkbox"/> Recurring Activity	
<input type="checkbox"/> Unit Only		<input type="checkbox"/> Multi Units	<input type="checkbox"/> Group
<input type="checkbox"/> Wing			
Activity Description: (25 words or less)			
Activity Dates		Starting Time	Ending Time
Activity Location: <input type="checkbox"/> Regular Meeting Location			
<input type="checkbox"/> Other Location (Complete the following)			
<input type="checkbox"/> In the Field			
Other Location Details:			
Address		City	State
			Zip
Alternate Dates:		Starting Time	Ending Time
<input type="checkbox"/> Fund Raising (Requires Wing CC Approval)		<input type="checkbox"/> High Adventure (Use CAPF 54)	<input type="checkbox"/> Multi-Unit (See Below)
Fees: <input type="checkbox"/> Budget Approved			
Transportation Plans			

Contact Information		
Activity Director/Commander		Cellphone #
Safety Officer		Cellphone #
Cadet Protection (Names of Senior Members Committed to Attend who have completed Level 1)		
Name	Grade	Cellphone

Unit Information	
Unit Name	Charter Number
Other Units	Charter Numbers

CAP Equipment Involved		
<input type="checkbox"/> Communications (ISR, VHF, HF, etc.)	<input type="checkbox"/> Vehicles	<input type="checkbox"/> Aircraft
<input type="checkbox"/> Equipment	<input type="checkbox"/> Color/Honor Guard	<input type="checkbox"/> Other: (Specify below)

Attach ORM Worksheet (**Required**) Attach Activity Schedule

Approvals	
Unit Commander/Activity Director:	Date:
Group Safety Officer:	Date:
Group Commander:	Date:
Wing Commander:	Date:

Instructions

All unit fundraising activities must complete this Activity Approval.

Use of this form is recommended for any activity not at the regular meeting location OR not on the regular meeting night.

Most information requested is self-explanatory. The ORM Worksheet must go along with this form. The intent is to be as complete and concise as possible. Approvers may ask for clarifications and/or additional information.

Safety Concerns	Unit Commanders must follow published instructions for ORM, mishap reporting and preventing injury/damage. Activity Directors and/or Commanders must be familiar with these reporting procedures. Each activity must begin with a safety briefing. Sub-activity safety briefings are also necessary to reduce the potential for mishaps.
Sign In Sheet	Sign-in/out sheet is expected.
Activity Name	What does the unit commonly know this activity as: such as: Curry Training Day, Sergeants Saturday, XXX Color Guard, etc.)
Single/Recurring Activity	Check as appropriate. Recurring activities must be the same every time like a monthly staff meeting or regular cyber team practice or color guard practice. Color guard presentations or cyber competitions are not recurring. Each may have a different location, time or audience. Approvers may ask for details about recurring activities. For recurring activities, a single form for all submitted dates is necessary.
Unit, Multi Unit, Group or Wing Activity	Select the unit level of the sponsor of the activity. Unit, multi-unit and group activities require the hosting Group Commander's approval. Wing sponsors require Wing Commander approval.
Activity Description	In 25 words or less describe the purpose of the activity.
Activity Dates	List the date of the activity. If recurring, list all dates. Use a separate page if necessary. Entries like every second Saturday of the month along with the dates is acceptable. Approvers may limit the duration of their approval thus requiring re-submission later.
Start/End Time	Provide the anticipated start and end times.
Activity Location	Check Regular Meeting Location if the entire activity takes at the unit's regular meeting location. The regular meeting location is the one listed on the COWG website. If the activity occurs at a different location, give the entire address information.
In the Field	Check if the activity will occur "in the field".
Other Location	Be complete. If the location has a common name like Cherry Creek State Park include it too.
Alternate Dates & Times	If the activity may be delayed because of weather or other determining factor, list the alternate dates. If no information is provided, a new Activity Approval is necessary.
Fund Raising, High Adventure or Multi Unit	Check the appropriate block. Fundraising or high adventure activities require the Wing Commander's approval. High Adventure Activities require CAPF 54 to be attached. Multi-Unit indicates that other units are participating and the unit submitting this form is the primary, in-charge unit. Unit Commanders are reminded that senior members may not wear any AF-style uniform at a fundraising event.
Fees & Budget	If there is a fee to participate, list the amount. If there are expenses, show that the budget was submitted & approved at the appropriate levels. Funds collected may not be used to pay any expenses. All expenses for the activity must be paid via check from the unit funds held by the wing or paid by the member and the member will be reimbursed from the unit funds held by the wing.
Transportation Plan	Describe how participants will travel to and from the activities. If there is travel during the activity describe the to/from locations, COV or POV along with backup plans in case a vehicle goes out of service during the activity.
Activity Director, Commander & Safety Officer	Provide the name and cellphone number of the in-charge, on scene Senior Members and the name and cellphone number of the on-scene safety officer. They may not be the same individual.
Cadet Protection	List the names of Senior Members committed to participate at the activity to satisfy the Two Deep Leadership requirement. If this is a field training, provide the information for four senior members.
Unit Name	Self-Explanatory
Unit Charter Number	Self-Explanatory
Equipment Involved	Check the types of CAP equipment that will used to conduct the activity. Listed equipment types are self-explanatory. If the equipment is not listed, check other and describe it in general terms.
ORM Worksheet	Attach a fully completed ORM Worksheet.
Activity Schedule	Attach the schedule of events for the activity. (See CAPR 52-16, para 4-3c. (CAPR 60-1, para 4.3.2.3.
Approvals	All unit fundraising activities require prior approval. Group Safety Officer will forward the ORM Worksheets to the Wing Safety Officer for mishap purposes. Approval by the Wing Commander is required for fundraising activities and activities designated as wing level. The Wing Commander may designate that some activities require Wing Commander approval. Email approvals are okay.