



MARINE CORPS INSTALLATIONS WEST-MARINE CORPS BASE,
CAMP PENDLETON CHAPLAIN RELIGIOUS ENRICHMENT
DEVELOPMENT OPERATION (CREDO) APPLICATION
V-1



RETREAT DATE
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 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, and phone numbers will be used to create a roster at the end of your retreat. Furnishing this information is encouraged, but not mandatory. 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 married military couples equally. Marriage Enrichment Retreats and Family Enrichment Retreats are open to all married military couples. The goal of these retreats are to strengthen relationship skills in an environment that is free from the everyday distractions of life. Participants, chaplains, and support personnel in these retreats may have religious views that differ from your own religious views. These retreats will be conducted in a manner that is sensitive to the diverse religious, spiritual, moral, cultural, and personal beliefs of the participants. The chaplain leading this retreat views marriage as being between a man and woman. If you have any questions regarding the retreat refer to the CREDO information below.

CREDO INFORMATION

OFFICE NUMBER: (760)-725-4954

FAX NUMBER: (760)-725-4661

LOCATION: Marine Corps Base, Camp Pendleton, building 1344

Website: www.mccscp.com/credo

SPONSOR INFORMATION

NAME (Last, First, MI): _____

DOD ID: _____ RANK: _____ BRANCH: _____ GENDER: MALE FEMALE DATE: _____

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

Home Phone Number: _____ Home E-mail address: _____

SPOUSE INFORMATION

NAME (Last, First, MI): _____ RANK: _____ BRANCH: _____ GENDER: MALE FEMALE DATE: _____

CHILDREN REQUIRING CHILDCARE SERVICES AT RETREAT AND EMERGENCY CONTACTS

List all children requiring childcare services at the retreat by name, relationship, gender, age, and emergency contact (phone number and relationship). Include dietary restrictions and allergies (food, drugs, pollen, etc.) for the children listed below.

NAME (Last, First, MI)	AGE	RELATIONSHIP	GENDER	DIET RESTRICTION	ALLERGIES

EMERGENCY CONTACT

NAME (Last, First, MI): _____ RELATIONSHIP: _____ PHONE NUMBER: _____

MAILING ADDRESS

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

TYPE OF RETREAT (Please check the retreat you are applying for)

- MARRIAGE ENRICHMENT RETREAT FAMILY RETREAT UNIT MARINE AND SAILOR RETREAT
 WOMEN'S MILITARY RESILIENCY RETREAT MEN'S RETREAT WOMEN'S RETREAT

MCIWEST-MCB CAMPEN CHAPLAIN 1738/5 (Rev. 11/16) PREVIOUS EDITIONS ARE OBSOLETE

ADOBE 9.0 DESIGNER
FOR OFFICIAL USE ONLY "FOUO"
T011-00-005-0014

STATEMENT OF UNDERSTANDING AND AUTHORIZATION

Please read and initial

I understand that I forfeit my slot for the retreat, if I fail to submit this form before the deadline. _____

I understand that, if I am selected, but consequently unable to attend this retreat, I must cancel with the CREDO staff immediately to ensure my spot is filled by another applicant. _____

I understand that my appointed place of duty is the retreat site. If I fail to show without a confirmed cancellation acknowledged by the CREDO office, my command will be notified. _____

I understand that CREDO is a voluntary program. Alcohol will not be consumed at the retreat. Any last minute cancellations, "no show", will result in your command being notified immediately. _____

I authorize myself and family above (including children) to be photographed during this event for promotional and/or informational purposes in the future. I understand that I will not receive any type of reimbursement or compensation for these photographs (Please choose Yes or No). YES NO

Have you attended any CREDO retreats in the last 12 months. If you have, please specify the dates you attended. You will be placed on the stand-by list to allow others the opportunity to attend. (Please choose Yes or No). YES NO

DATE: _____ LOCATION: _____ RETREAT: _____

COMMAND INFORMATION AND RECOMMENDATION

The member is allowed to take time-off for travel time to make it to the retreat site stated in the confirmation letter sent from the CREDO 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 office, in the event of a cancellation or an emergency the member will contact CREDO. Failure to show will result in the misuse of Marine Corps funds.

UNIT: _____

APPROVED DISAPPROVED SNCOIC SIGNATURE: _____ DATE: _____

APPROVED DISAPPROVED SUPERVISOR/OIC SIGNATURE: _____ DATE: _____

COMMENTS

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