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	GER SCHOOL STAFI CARF REQUIREMENT		
NAME(Last, First):	CAPID:	GRADE:	
STREET ADDRESS:	CITY:	STATE: ZIF	>
EMAIL:	PHONE:	UNIT CHARTER#:	
The address and	CIONATUDE	CARID	T DATE
TASK NAME	SIGNATURE	CAPID	DATE
UNIT COMMANDER APPROVAL			
I certify that this member is in good standing in their home	unit and is authorized to train a	as a permanent member of Ranger	Staff.
Squadron Commander Signature			
Only HMRS staff members authorized by the HM	IRS Director of Operati	ions may sign off on any t	iasks below.
ADMINISTRATION SECTION			
Qualified Ranger 2nd Class Date Awarded:			
Wright Brothers Award Date Awarded:			3
Current GTM2 Qualification			5
Skill Examiner Training (SET) Endorsement			
Completion of a CAP Encampment Date:			
Completion of an HMRS Summer School			
Pass Staff Uniform Inspection			8
Possess Complete Yellow Scarf Packing List			
Successfully Complete HMRS Basic Staff Training Course			
FIELDCRAFT			
Plot a two leg course on a topographic map, give true and magnetic			Ď
headings and distance Expert level knowledge of all Ranger 3rd Class and Ranger 2nd Class knots			
Lead set up of a para-shelter			5
LEADERSHIP			
Demonstrate Ability to Perform in All Positions in a Color Guard			
Evaluation as a TC	3		
Demonstrate ability to Teach a 15 min class			

PHYSICAL FITNESS & ENDURANCE 1 Mile Run in 8 Minutes 100 meter Fireman's Carry (Similar Weight) 30 Sit-ups 20 Squat Thrusts in 1 min 25 Push-ups 3 Pull-ups Demonstrate Ability to Lead PT Set Up and Safely Check the OC CAPID DATE TASK NAME SIGNATURE HAWK MOUNTAIN STAFF REVIEW BOARD DATE: _____ The Senior Member must present this completed document at the review board. Upon completion of the review board the document will be retained, if completed, by the HMRS Standards & Evaluation Section. *Signatures for approval cannot be obtained until the testing sheet is complete.* The cadet listed appeared before a cadet review board on _____ The cadet ______ PASSED ______ FAILED the board CHAIRPERSON: MEMBER: MEMBER: _____ COMMENTS: Cadet School Commander Signature I certify this Civil Air Patrol Member has completed all the requirements to be awarded the Yellow Scarf Member Signature

Ranger Staff Project Officer