



The Air Cadet League of Canada
(Quebec and Ottawa Valley)

Volunteer Screening And Registration Application

SECTION 1 - APPLICANT INFORMATION

Date: <small>(DD/MM/YYYY)</small>	Squadron #:	Province:
Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	Last Name:	First Name:
Middle Names:		Aliases:
Address:		
City:	Province:	Postal Code:
Mailing Address <small>(if different from above):</small>		
Home Phone:	Cell Phone:	Email:
Previous Address <small>(if less than two years):</small>		How Long:
City:	Province:	Postal Code:

SECTION 2 - EMPLOYMENT INFORMATION

Current Employer:	How Long?
Position:	Self Employed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone:	Email:

SECTION 3 - EXPERIENCE

Is your son or daughter a cadet? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name:	Rank:	Squadron:
Do you have any experience as a cadet or with the Canadian Forces?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been a volunteer with any other youth organization?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered yes to either of the above questions, please provide details of where and which organization (s)			
1.			No. of years:
2.			No. of years:
3.			No. of years:

As a volunteer, please indicate any special talents or experience you have that may benefit the League or the Squadron.

SECTION 4 - IDENTIFICATION

Please provide **two** of the following pieces of photo identification. A copy will be required as part of the screening process and criminal record check.

Driver's License #	Provincial Medical Card #	Passport #	Other #
Identification verified by the chairperson or the designated person. If "Other" ID is supplied, indicate type of ID in the box to the right.			_____ Initials

SECTION 5 - REFERENCES

Please provide the names of **four non-related references**

	Reference 1	Reference 2	Reference 3	Reference 4
Name				
Daytime Phone				
Evening Phone				
Email				

To qualify as a volunteer, you must complete and sign this application. Omission of any information requested in this application may constitute grounds for non-acceptance. All information provided will be kept strictly confidential at the Provincial and National League offices and will be recorded in a national database.

SECTION 6 - APPLICANT CERTIFICATION (To be completed and signed by the Applicant)

Have you ever been convicted of a criminal offence (in Canada or elsewhere) for which you did not receive a Record Suspension (Pardon) or the Record Suspension had been revoked, or of any offence that may affect your suitability to work as a volunteer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Initials of Applicant
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I understand that the Air Cadet League of Canada, after due process of consideration and review, reserves the right to accept or decline my services.	Initials of Applicant
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If accepted as a volunteer, I recognize the safety and well-being of cadets as my foremost responsibility. I agree to notify the Squadron Sponsoring Committee Chairperson of any change in status, including charges or criminal offence convictions, while a volunteer of the Air Cadet League of Canada.

I certify that the above information is true and correct. I authorize the Air Cadet League of Canada and its Provincial Committees to obtain information about me from any individual as well as from any police agency.

Signature of Applicant

Date (DD/MM/YYYY)

SECTION 7 - CHAIRPERSON OR DESIGNATED PERSON'S COMMENTS AND RECOMMENDATION

Recommended <input type="checkbox"/>	_____	_____
	Name	Title
Not Recommended <input type="checkbox"/>	_____	_____
	Signature	Date (DD/MM/YYYY)

TO BE COMPLETED BY THE PROVINCIAL SCREENING REGISTRATION COORDINATOR PROVINCIAL OFFICE (QOVPC)

	The membership of this applicant is:	Membership Card Information	
Application <input type="checkbox"/>	Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>	Date issued	
Police check (screening) <input type="checkbox"/>		Expiry date	
Recommendation <input type="checkbox"/>		Notification sent	
Photo <input type="checkbox"/>	_____ Signature	Data entered	
Date _____	Squadron _____	Membership No # QVO-16- _____	