

**PROTECTED B
(WHEN COMPLETED)**



**DATE:
PROVINCE:
SQUADRON:**

The Air Cadet League of Canada VOLUNTEER REGISTRATION AND SCREENING APPLICATION FORM

APPLICANT INFORMATION

LAST NAME:		FIRST NAME:		MIDDLE NAMES:	
ALIASES:		DATE OF BIRTH:		MR:	MRS: MS:
ADDRESS (Number/Street/P.O.Box/Apt.#):					
CITY:		PROVINCE:		POSTAL CODE:	
MAILING ADDRESS (if different from above):					
HOME PHONE:		CELL PHONE:		EMAIL:	
PREVIOUS ADDRESS (if less than 2 years):					HOW LONG?
CITY:		PROVINCE:		POSTAL CODE:	

EMPLOYMENT INFORMATION

CURRENT EMPLOYER (if retired give last employer):							
EMPLOYER ADDRESS:					HOW LONG?		
CITY		PROVINCE:		POSTAL CODE:			
PHONE:		EMAIL:		FAX:			
POSITION:		FULL TIME		FROM:		TO:	
SELF EMPLOYED: YES NO		PART TIME		Month: _____		Month: _____	
		SEASONAL		Year: _____		Year: _____	
PREVIOUS EMPLOYER (if less than 2 years):							
EMPLOYER ADDRESS:					HOW LONG?		
CITY		PROVINCE:		POSTAL CODE:			
PHONE:		EMAIL:		FAX:			
POSITION:		FULL TIME		FROM:		TO:	
SELF EMPLOYED: YES NO		PART TIME		Month: _____		Month: _____	
		SEASONAL		Year: _____		Year: _____	

EXPERIENCE

Is your son or daughter a cadet? YES NO		CADET'S NAME		RANK:		SQUADRON:	
Do you have any previous experience as a cadet <u>or</u> with the Canadian Forces? YES NO				Have you been a volunteer with any other youth organizations? YES NO			

If yes, please give details of where and which organization(s):

1. _____ No. of years _____
2. _____ No. of years _____
3. _____ No. of years _____

As a volunteer, how can you help? Please indicate any special talents or experience you feel may benefit the squadron or the League:

VERIFICATION OF IDENTITY

For verification of identity, please provide **one** of the following piece of photo identification:

Driver's License # _____
Passport # _____
Military ID # _____
Other : _____

REFERENCES

Please provide the names of three references (no relatives please):

Reference #1 Name :

Address:	Daytime Phone:	Evening Phone:
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Reference #2 Name :

Address:	Daytime Phone:	Evening Phone:
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Reference #3 Name :

Address:	Daytime Phone:	Evening Phone:
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Were you ever convicted of a criminal offence (in Canada or elsewhere) that has not been pardoned or has had the pardon revoked, or of any offence of a nature that affects or could be seen as affecting your suitability to work as a volunteer? (You will have an opportunity to discuss during the interview.) YES NO

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 from any individual prescribed by law as well as from any police department. 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. 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.

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. Once completed, information from this form will be included in a national database and may be shared with the other components of the Canadian Cadet Organization.

SIGNATURE OF APPLICANT: _____

Will the volunteer be the treasurer? YES NO

Will the volunteer be working with cadets at the local level? YES NO

All such volunteers will be required to complete and sign the "Volunteer Agreement" form contained in Annex A to CATO 23-07 effective date 1 July 2006. A copy is attached.

CHAIRPERSON'S OR DESIGNATED PERSON'S COMMENTS (State what functions this volunteer is likely to fulfill and recommendation to the PC Registration/Screening Coordinator regarding the acceptability and risks connected with the applicant becoming a League volunteer.)

NAME: _____ TITLE: _____ SIGNATURE: _____

NOTE: The SSC Chairperson is responsible for immediately reporting any act of discreditable conduct or criminal offences by volunteers to the Provincial Screening and Registration Coordinator.

RESULT OF THE VERIFICATION (TO BE COMPLETED BY PRSC ONLY)

Interview and Reference Check completed by SSC RSC: YES NO Recommended by SSC RSC? YES NO
Verification: PRC/VSS Credit Report (if required)

After verification and according to the information receive, this volunteer is:

Recommended Not Recommended

Information was transmitted to ACL NRSC on: _____ Approved? YES NO

Squadron was notified of results on: _____

SCREENING CARD INFORMATION: Date joined: _____ Member ID Number: _____
Expiry Date: _____