



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

Volunteer Screening And Registration Application

SECTION 1 - APPLICANT INFORMATION

Date: <i>(DD/MM/YYYY)</i>	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 <i>(if different from above):</i>		
Home Phone:	Cell Phone:	Email:
Previous Address <i>(if less than two years):</i>		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"/>
Employer Address:	
City:	Province: Postal Code:
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 #
If "Other" ID is supplied, indicate type of ID below.		Identification verified by the chairperson or the designated person.	
		_____ Initials	

SECTION 5 - REFERENCES

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

Reference # 1. Name :			
Address:	Daytime Phone:	Evening Phone:	Email:
Reference # 2. Name :			
Address:	Daytime Phone:	Evening Phone:	Email:
Reference # 3. Name :			
Address:	Daytime Phone:	Evening Phone:	Email:
Reference # 4. Name :			
Address:	Daytime Phone:	Evening Phone:	Email:

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

Were you ever 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(in Canada or elsewhere) for which you did not receive a Record Suspension (Pardon) or the Record Suspension had been revoked, or of any offence that may affect your suitability to work as a volunteer?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
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
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 or authorized contractor and consent to the use of that information for the purpose of screening.			
I certify that the information contained herein is true and correct and understand that the information provided may be shared, upon my giving consent, with the Department of National Defence.			
I understand that information collected will be kept confidential at the Provincial and National League offices and recorded in a secure and encrypted national database.			
If accepted as a volunteer, I recognize the safety and well-being of cadets as my foremost responsibility. I agree to notify the Air Cadet League of Canada of any change in status, including charges or criminal offence convictions, while a volunteer of the Air Cadet League of Canada.			
_____ Signature of Applicant		_____ Date (DD/MM/YYYY)	

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

Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/>	_____ <div style="display: flex; justify-content: space-between;"> Name Title </div> _____ <div style="display: flex; justify-content: space-between;"> Signature Date (DD/MM/YYYY) </div>
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TO BE COMPLETED BY THE PROVINCIAL SCREENING REGISTRATION COORDINATOR PROVINCIAL OFFICE (QOVPC)

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