



THE AIR CADET LEAGUE OF CANADA

VOLUNTEER SCREENING AND REGISTRATION APPLICATION

APPLICANT INFORMATION				
Date	Squadron #	Province		
Last Name	First Name	Middle Names		
Aliases		Mr.	Mrs.	Ms.
Address				
City	Province	Postal Code		
Mailing Address (If different from above)				
Home Phone	Cell Phone	Email		
Previous Address (If less than two years)				How Long?
City	Province	Postal Code		
EMPLOYMENT INFORMATION				
Current Employer			How Long?	
Position	Self Employed	Yes	No	
Employer Address				
City	Province	Postal Code		
Phone	Email			
EXPERIENCE				
Is your Son or Daughter a Cadet? Yes No	Name	Rank	Squadron	
Do you have any previous experience as a cadet or with the Canadian Forces Yes No		Have you been a volunteer with any other youth organization Yes No		
If Yes to either question, 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.				
IDENTIFICATION				
Please provide one of the following pieces of photo identification and a current jpg photo to be forwarded via email.				
Driver's License	Passport	Other		
If "Other" ID is supplied, indicate type below.		Identification verified by Screening Coordinator. _____ Initial		

THE SPONSORING COMMITTEE CHAIR SHOULD RETAIN A COMPLETED COPY OF THIS PAGE FOR REFERENCE PURPOSES

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
Applicant Certification			
Were you ever convicted of a criminal offence (in Canada or elsewhere) where you have not received a Record Suspension (Pardon) or the Record Suspension has been revoked, or of any offence that may affect your suitability to work as a volunteer?	Yes	No	Initial
<p>I have read and understand the Privacy Statement in the provided Applicant Information Letter.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>			
_____ Signature of Applicant			Initial
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.			Initial
CHAIRPERSON COMMENTS and RECOMMENDATION			
_____ Print Name	Recommended	Not Recommended	_____ Title _____ Signature
TO BE COMPLETED BY THE PROVINCIAL SCREENING REGISTRATION COORDINATOR			
Application	This Volunteer is		Screening Card Information
E-PIC	Approved	Not Approved	Date Joined _____
Photo			Expiry Date _____
Credit Report			Notification Sent _____
Recommendation	_____ Signature PSRC		Entered _____
Date	Squadron		ID Number