

**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 or 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: |
|----------|----------------|----------------|

Reference #2 Name :

| | | |
|----------|----------------|----------------|
| Address: | Daytime Phone: | Evening Phone: |
|----------|----------------|----------------|

Reference #3 Name :

| | | |
|----------|----------------|----------------|
| Address: | Daytime Phone: | Evening Phone: |
|----------|----------------|----------------|

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: _____



The Air Cadet League of Canada

VOLUNTEER REGISTRATION AND SCREENING APPLICATION FORM

Candidate Interview Form

Listen to the responses. Mark YES if the responses are viewed by the interviewers to be appropriate to the position for which the candidate is being interviewed. Use additional sheets to document the answers if required.

| Candidate: _____ | | Date of Interview: _____ | |
|--|---|--------------------------|--|
| | YES | NO | NOTES |
| 1. Why are you interested in applying to be a volunteer? | | | |
| 2. Do you have any experience working with a youth organization? If so what? | | | |
| 3. Do you enjoy working with children? If so, please outline your past experience. | | | |
| 4. Have you ever been registered or screened as a candidate for volunteer work? If so, please talk about the organization and what your role was in the organization. | | | |
| 5. As a volunteer you will be involved in activities that include working with the cadets and the community. What are the skills you have that will be useful to the organization? | | | |
| 6. Is there anything in your background or past that you believe may prevent you from being registered as a volunteer? | | | |
| 7. Based on your responses to the question on page 2 of the application, (show them the section where they have responded and signed), is there anything you would like to discuss? | | | |
| 8. Have you ever had any involvement with the police or other authorities that would reflect on your background or on your likelihood of being screened positively for the position you are being considered for in the Air Cadet League of Canada? | | | |
| 9. Were you ever convicted of any criminal offence (in Canada or elsewhere) that has not been pardoned or have had the pardon revoked, or of any offences of a nature that affect or could be seen as affecting your suitability to work as a volunteer? | | | |
| 10. Do you know of any limitations, physical, mental or otherwise that will impede your ability to carry out the duties of a volunteer? | | | |
| 11. <u>For Applicants to be Treasurer</u> What is your experience with maintaining financial records? | | | |
| Signature of Interviewer _____ Name: _____ Date: | Signature of Interviewer _____ Name: _____ Date: | | Recommended YES or NO <i>(Circle as appropriate)</i> |



Candidate Reference Check

Reference Check for: _____

Squadron/Provincial Committee/National: _____

Mark the responses into each of the sections for the person providing the reference. Use a separate sheet for additional information if required.

- Q1: How long have you known the applicant?
- Q2: What is your relationship to the applicant?
- Q3: Does the applicant work well with youth?
- Q4: Does the applicant work well with adults?
- Q5: Would you be willing to have the applicant work one on one with your own child?
- Q6: Would you recommend the applicant as a person who can handle an organization's money?
- Q7: Are you willing to recommend the applicant to the Air Cadet League of Canada?

| | | | | | | | |
|------------------------|------------------------|---------|--------------|---------|------------------|---------|--|
| Reference Name: | | | Date: | | Phone No: | | |
| Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | |
| Years _____ | Relationship: _____ | Yes | Yes | Yes | Yes | Yes | |
| Months _____ | | No | No | No | No | No | |
| | | Unknown | Unknown | Unknown | Unknown | Unknown | |
| Reference Name: | | | Date: | | Phone No: | | |
| Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | |
| Years _____ | Relationship: _____ | Yes | Yes | Yes | Yes | Yes | |
| Months _____ | | No | No | No | No | No | |
| | | Unknown | Unknown | Unknown | Unknown | Unknown | |
| Reference Name: | | | Date: | | Phone No: | | |
| Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | |
| Years _____ | Relationship: _____ | Yes | Yes | Yes | Yes | Yes | |
| Months _____ | | No | No | No | No | No | |
| | | Unknown | Unknown | Unknown | Unknown | Unknown | |

| | | |
|--------------------|--------------------|-----------------------------------|
| Signature | Recommended | Further Checks Recommended |
| Print Name: | YES or NO | |
| | | Police \ Credit |



The Air Cadet League of Canada

Request for Police Records Check/Vulnerable Sector Screening

To: Police Services

From: _____ Chair, Squadron Sponsoring Committee
_____ Royal Canadian Air Cadet Squadron

This letter will confirm that _____ has applied to become a volunteer with _____ Royal Canadian Air Cadet Squadron. As part of the Screening and Registration Process of the Air Cadet League of Canada, all volunteers are required to provide a current Police Records Check/Vulnerable Sector Screening.

The Air Cadet program is open to all young people between the ages of 12 and 19. It is operated in partnership between the Canadian Forces and the Air Cadet League of Canada. We are aware that some police jurisdictions provide the Police Records Check/Vulnerable Sector Screening without charge or at a reduced charge for individual seeking volunteer roles primarily to serve a vulnerable sector of the population. The Air Cadet program and _____ Squadron does qualify as both a non-profit organization that provides a service to a vulnerable sector of the population. We would appreciate any consideration you could provide in this matter.

Volunteer Information:

Name: _____

Address: _____

Telephone No: _____ (H)

If you require any further information about _____ Squadron or the Air Cadet Program, please contact me at the number listed above.

Sincerely

Chair
_____ Royal Canadian Air Cadet Squadron
Sponsoring Committee



The Air Cadet League of Canada

Request for Police Records Check/Vulnerable Sector Screening

(This form is to be used by a person applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned.)

Identification of the Applicant

Full name: _____

Sex: _____

Date of birth: _____

Place of birth: _____

Address: _____

Previous addresses (if any) within the last 5 years:

Reason for the Consent

I am an applicant for a volunteer position with an organization responsible for the well-being of one or more children or vulnerable persons.

Description of the volunteer position: Adult volunteer

The name of organization is: Air Cadet League of Canada _____ Squadron

Provide details regarding the children or vulnerable persons: Working with Air Cadets, ages 12-19

Consent

I consent to a Police Records Check/Vulnerable Sector Screening consisting of a search of national and local police databases, including criminal convictions, outstanding charges and local police information deemed relevant. I also consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the Criminal Records Act. I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

Signature

Date

**PROTECTED B
(WHEN COMPLETED)**



**DATE:
PROVINCE:
SQUADRON:**

The Air Cadet League of Canada SCREENING RENEWAL 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:

EXPERIENCE

LIST PAST SQUADRONS IF ANY:

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?

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 continue 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 MEMBER/VOLUNTEER: _____

CHAIRPERSON'S OR DESIGNATED PERSON'S RECOMMENDATION:

Recommended

Not Recommended

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.

CURRENT ORIGINAL PRC/VSS MUST ACCOMPANY THIS FORM

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

Verification: PRC/VSS

Credit Report (if required)

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

Recommended

Not Recommended

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

Squadron/volunteer was notified of results on: _____

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



The Air Cadet League of Canada Squadron

Trip Driver's Log Book

DRIVER'S COPY

Date: _____ Activity / Location: _____

Driver's Name: _____

License Number: _____ (retain copy in log book)

Insurance Company / Policy No: _____
(Retain copy in log book)

I agree to be supervised by a military officer or civilian instructor of the cadet unit for which I am volunteering:

Driver's Signature

I authorize the above named individual to drive cadets in support of the authorized activity listed above.

Commanding Officer's / Designate's Signature

CO's COPY

Date: _____ Activity / Location: _____

Driver's Name: _____

License Number: _____ (retain copy in log book)

Insurance Company / Policy No: _____
(retain copy in log book)

I agree to be supervised by a military officer or civilian instructor of the cadet unit for which I am volunteering:

Driver's Signature

I authorize the above named individual to drive cadets in support of the authorized activity listed above.

Commanding Officer's / Designate's Signature