



The Air Cadet League of Canada

Volunteer Screening and Registration Renewal Form

VOLUNTEER 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		

VOLUNTEER 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offence (in Canada or elsewhere) where you have not received a Record Suspension (Pardon) or the Record Suspension has been revoked, or of any offence that may affect your suitability to work as a volunteer?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/Territorial 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 Defense.</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 OR DESIGNATED PERSON'S RECOMMENDATION

_____ Print Name	Recommended	Not Recommended	_____ Title _____ Signature
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TO BE COMPLETED BY THE PROVINCIAL SCREENING REGISTRATION COORDINATOR

Application E-PIC Recommendation Photo	This Volunteer is: <div style="display: flex; justify-content: space-around;"> Approved Not Approved </div> _____ Signature PSRC	Screening Card Information Date Joined _____ Expiry Date _____ Notification Sent _____ Entered _____
Date	Squadron	ID Number