



Volunteer Registration and Screening Package

VOLUNTEER REGISTRATION AND SCREENING

APPLICANT INFORMATION

(To be retained by applicant)

Thank you for your interest in becoming a volunteer with The Air Cadet League of Canada. Close to 5,000 screened and registered adults donate their time and skills in support of Air Cadet activities.

The Air Cadet League of Canada (ACL) and its partner, the Department of National Defence (DND), have worked together in a partnership spanning over seventy years to establish and maintain what is acknowledged to be a premiere youth organization. The Air Cadet Program is a comprehensive one, which is run in a structured, disciplined and safe manner. In this context, it is important to ensure all volunteers are appropriately selected, and are good role models for Air Cadets. Knowing the volunteers, their skills and talents, and their intended contribution is very important to the Squadron Sponsoring Committee, Officers and staff. A team effort produces the best results for the greater benefit of the Air Cadet Movement.

Air Cadet League volunteers work in close contact with Air Cadets aged from twelve to eighteen. We know that parents and guardians place great faith in both the Department of National Defence and the Air Cadet League to keep their sons or daughters free from potential harm at all times. To fulfill their responsibilities to the cadets, both the ACL and DND conform to rulings by the Supreme Court of Canada that define the level of care required by any organization in protecting youth under its direction. This level of care is defined as that which would be exercised by a prudent parent in protecting their child. These responsibilities are also evident in the League's screening and selection process for its volunteers.

The ACL welcomes your application in good faith. However, every applicant is required to successfully complete all stages of a thorough screening process which starts with providing the details requested in the attached Volunteer Registration and Screening Application Form. An interview will be required after receipt of this completed form, as well as a Police Records Check and Vulnerable Sector Screening (PRC/VSS). For positions such as Treasurer and Fund Raising, a Credit check may be required. The information you will be asked to provide will be kept confidential and used by the Air Cadet League for the following purposes:

- To prepare for your personal interview
- To make enquiries of personal references and employers past and present
- To enable the police service to undertake a complete record check, and
- To process a name check with the National Volunteer database, past and present.

The information obtained will go to the assessment of your credibility to be placed in a position of trust or authority with young persons.

If accepted, your registration remains valid for five years provided you remain active and in good standing with the Air Cadet League. By applying and being approved, you undertake an obligation to report to the League any subsequent change to your personal circumstances that is of a nature to reasonably and usually require a re-evaluation of your standing (example, a new criminal offence).

We thank you for your generous offer of volunteer service. Your support of the program and also for the strict screening and selection procedures required for all League volunteers is very much appreciated.

The Air Cadet League of Canada
June 2011



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:
SELF EMPLOYED: YES NO		PART TIME	Month: _____
		SEASONAL	Year: _____
PREVIOUS EMPLOYER (if less than 2 years):			
EMPLOYER ADDRESS:			HOW LONG?
CITY		PROVINCE:	POSTAL CODE:
PHONE:		EMAIL:	FAX:
POSITION:		FULL TIME	FROM:
SELF EMPLOYED: YES NO		PART TIME	Month: _____
		SEASONAL	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 Registration and Screening 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: _____