

**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: \_\_\_\_\_

March 2013