

VOLUNTEER STATUS FORM BCF300



Legal Name of Society:	
SQN #:	Province:
promote and carry out the acti Columbia. I hereby consent to the with the Privacy Policy of the So opportunity to read and unders	will support the purposes of the Society namely to facilitate, support, vities and programs of the Air Cadet League of Canada within British e collection, use and disclosure of my personal information in accordance ciety. I hereby acknowledge having received and having been given the tand the Privacy Policy*. Further. I agree to undergo the Screening & by the Air Cadet League of Canada.
VOLUNTEER	
will provide a current EPIC (Enhapolice detachment. (NOTE: VSS of	working under the direction of the Board of Directors of the Society. Inced Police Information Check) or a Criminal Record Check from a local cannot be requested by Volunteers) I agree to undergo the Screening & d by the Air Cadet League of Canada.
APPLICANT NAME (PRINT)	APPLICANT SIGNATURE
DATE:	
*SSC – attach a copy of the SSC Privacy Policy to this Form for review by applicant.	

BCF300 RVSD Mar 2024