



Air Cadet League of Canada

Volunteer Screening and Registration

APPLICANT INFORMATION

Dear Volunteer:

Thank you for your interest in becoming a volunteer with The Air Cadet League of Canada (ACL). Over 5,000 screened and registered adults donate their time and skills in support of Air Cadet Activities.

The ACL and its partner, the Department of National Defence (DND), have worked together in a partnership spanning over seventy-five years to establish and maintain what is acknowledged to be a premier 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 may work in close contact with Air Cadets aged from twelve to eighteen. We know that parents and guardians place great faith in both the ACL and the DND to keep their son or daughter 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 ACL 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 includes:

- Completing the attached Volunteer Screening and Registration Application Form
- Completing a criminal record check
- Providing a current jpg photo sent via email

An interview will be required after receipt of this completed form, the criminal record check and the photo. 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 ACL for the following purposes:

- To prepare for your personal interview
- To make enquiries of personal references

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

Criminal Record Check

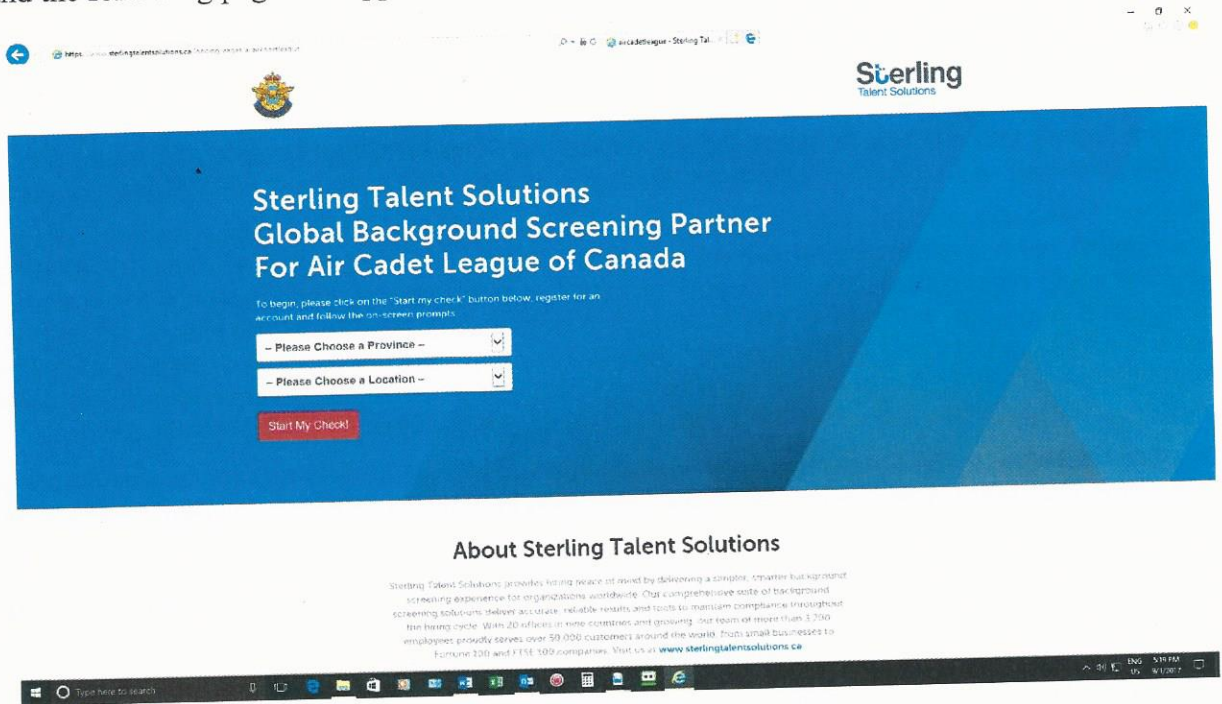
As part of the screening process, the ACL requires all applicants to undergo a criminal record check. The ACL has contracted with Sterling Talent Solutions, an internationally recognized screening company to provide an Enhanced Police Information Check (E-PIC) for all our applicants.

You do not have to go to a police agency but you can obtain the check from the comfort of your home or office by simply logging on to the Sterling Talent Solutions website and do an on-line application. There is a cost of \$26.00 plus tax which will be borne by you. However, you will "own" the E-PIC and you could direct other volunteer organizations to access your E-PIC without any further costs to you.

It will be necessary to set up a secure account with the company and provide certain personal information to enable them to complete the E-PIC. To access the Sterling Talent / Air Cadet page, please go to the following website

<https://www.sterlingtalentsolutions.ca/landing-pages/a/aircadetLeague/>

and the following page will appear:



From the drop-down boxes, select your province, choose your location (squadron) and then Start my Check. Once completed and payment made, the E-PIC will be emailed, within 24 hours to the ACL Provincial Screening Coordinator for processing.

If you have done an E-PIC through Sterling Talent Solutions for another organization within the last six months, you can simply have Sterling Talent Solutions forward the E-PIC to the SSC, at no additional cost to you.

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

The Air Cadet League of Canada

Clear Form

Print Form



The Air Cadet League Of Canada Volunteer Screening And Registration Application

APPLICANT INFORMATION

| | | | | |
|---|------------|------------------------------|-------------------------------|------------------------------|
| Date | Squadron # | Province | | |
| Last Name | First Name | Middle Names | | |
| Aliases | | Mr. <input type="checkbox"/> | Mrs. <input type="checkbox"/> | Ms. <input type="checkbox"/> |
| 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 | | |

EMPLOYMENT INFORMATION

| | | | |
|------------------|---------------|------------------------------|-----------------------------|
| Current Employer | How Long? | | |
| Position | Self Employed | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Phone | Email | | |

EXPERIENCE

| | | | |
|--|------|---|----------|
| Is your Son or Daughter a Cadet? Yes <input type="checkbox"/> No <input type="checkbox"/> | Name | Rank | Squadron |
| Do you have any previous experience as a cadet or with the Canadian Forces Yes <input type="checkbox"/> No <input type="checkbox"/> | | Have you been a volunteer with any other youth organization Yes <input type="checkbox"/> No <input type="checkbox"/> | |

If Yes to either question, please provide details of where and which organization (s)

| | |
|----|--------------|
| 1. | No. of Years |
| 2. | No. of Years |
| 3. | No. of Years |

As a volunteer, please indicate any special talents or experience you have that may benefit the League or the Squadron.

IDENTIFICATION

Please provide one of the following pieces of photo identification and a current jpg photo to be forwarded via email

| | | |
|--|------------------|---------------|
| Driver's License # _____ | Passport # _____ | Other # _____ |
| Identification verified by Screening Coordinator. If "Other" ID is supplied, indicate type of ID in the box to the right and initial in the appropriate box. | | Initial _____ |

REFERENCES

Please provide the names of four non related references

| | Reference 1 | Reference 2 | Reference 3 | Reference 4 |
|---------------|-------------|-------------|-------------|-------------|
| Name | | | | |
| Daytime Phone | | | | |
| Evening Phone | | | | |
| Email | | | | |

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 and will be recorded in a national database

Applicant 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 <input type="checkbox"/> | No <input type="checkbox"/> | 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 |
|---|---------|

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.

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 about me from any individual as well as from any police agency and understand that this information may be shared with the Department of National Defence.

SIGNATURE OF APPLICANT

CHAIRPERSON COMMENTS and RECOMMENDATION

| | | | |
|------------|---|---|-----------|
| _____ | Recommended <input type="checkbox"/> | Not Recommended <input type="checkbox"/> | _____ |
| Print Name | | | Title |
| | | | Signature |

TO BE COMPLETED BY THE PROVINCIAL SCREENING COORDINATOR

| | | |
|---|---|----------------------------|
| Application <input type="checkbox"/> | This Volunteer is Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> _____ Signature PSRC | Screening Card Information |
| E-PIC <input type="checkbox"/> | | Date Joined _____ |
| Photo <input type="checkbox"/> | | Expiry Date _____ |
| Other <input type="checkbox"/> | | Notification Sent _____ |
| Recommendation <input type="checkbox"/> | | Entered _____ |

| | | |
|------|----------|-----------|
| Date | Squadron | ID Number |
|------|----------|-----------|



11 (Lethbridge) Royal Canadian Air Cadet Squadron
Box 27005
Henderson Lake Postal Station
Lethbridge AB T1K 6X5

Date: _____

Lethbridge Police Service
135 – 1 Avenue South
Lethbridge AB T1J 0A1

To Whom It May Concern:

_____ is an applicant as an unpaid adult volunteer with Air Cadets and will be responsible for the well-being of one or more youth. As part of the Registration and Screening process of the Air Cadet League of Canada, all volunteers are required to provide a current Police Records Check with Vulnerable Sector Screening.

The Air Cadet programme is open to all youth between the ages of 12 and 18. It is operated in partnership between the Canadian Armed Forces and the Air Cadet League of Canada.

If you require further information about 11 Squadron, the Air Cadet programme, or the Registration and Screening programme, I may be contacted at the Squadron office on Tuesday nights from 1830 – 2130. The phone number is (403) 327-7083. I may also be contacted at (403) 952-1871.

Sincerely,

E. Foster
Captain
Commanding Officer



POLICE INFORMATION CHECK

Consent to Search and Disclosure of Personal Information

Application Form must be completed in FULL before your request will be completed. Please print clearly in blue ink completing ALL fields. If the field is not applicable to you please use N/A.

| | |
|--|--|
| Date Received (YYYY-MM-DD) | |
| Priority Processing | |
| Transaction Amount | |
| <input type="checkbox"/> Debit | |
| <input type="checkbox"/> Cash | |
| <input type="checkbox"/> Cheque # | |
| <input type="checkbox"/> Invoice | |
| <input type="checkbox"/> VOAN | |
| <input type="checkbox"/> Transaction # | |

Part 1 - Reason for the Police Information Check

- Employment Volunteer Licensing Immigration Visa
 Paid Practicum Unpaid Practicum Adoption / Foster Care / Kinship Care / Day Home Other (specify) _____

Agency Requesting Police Information Check _____

Position Title and Description _____

Will you be responsible for:
 (If any fields are selected, complete Part 4 on page 2) Children/Youth Elderly Disabled Dependent Individual Patients

Have you ever been fingerprinted for a **CRIMINAL OFFENCE IN CANADA** for which you have not received a Record Suspension? Yes No

Part 2 - Personal Information

Surname/Family Name _____ Given Name _____ Middle Name _____

Date of Birth _____ Gender _____ Place of Birth (City / Province/State / Country) _____

All other Maiden / Surnames / Family / Assumed Names Used _____

All Given Names/ Alias Used _____

Spouses/ Common Law Partners Full Name _____

Do you live within the City of Lethbridge? Yes No How long have you lived within the City of Lethbridge? _____

CURRENT STREET ADDRESS / Apt Number _____

City _____ Province _____ Postal Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

If you have not lived within the City of Lethbridge for **five years**, list all cities / provinces/states / country where you have lived, for six months or longer, within the last five years:

Part 3 - Third Party Consent (Only Applicable for VOAN and Invoiced Applications)

In the event NO information about me is found, I freely give my consent to the Lethbridge Police Service to release the search results to the agency named in Part 1 of this application. Should information be found, the agency will NOT receive the search results. The information will ONLY be provided to the applicant.

Signature _____ Date YYYY - MM - DD _____

Parent / Guardian Signature _____ Date YYYY - MM - DD _____
 (Required if applicant is under 18 years of age)

TWO ORIGINAL PIECES OF GOVERNMENT ISSUED IDENTIFICATION, THAT INCLUDE BOTH NAME AND DATE OF BIRTH, ARE REQUIRED. ONE MUST CONTAIN A PICTURE.

Part 4 – Vulnerable Sector Search

A Vulnerable Sector search is required for individual who will be in a permanent or casual position of responsibility for the well-being of Vulnerable Persons, where the position is one of authority and/or trust relative to those Vulnerable Persons. Vulnerable persons are individuals such as children (minors), the elderly or the disabled that are at greater risk of being harmed or victimized. The primary purpose of a Vulnerable Sector search is to determine if an individual has received a record suspension (pardon) for sexual related conviction.

Do you require a Vulnerable Sector Search? Yes No (If no is selected, please read and initial the decline acknowledgement)

_____ I hereby acknowledge that have read and understand the purpose of a Vulnerable Sector search and who is required to obtain one. I understand that by declining a Vulnerable Sector search I am acknowledging that I do not require a Vulnerable Sector search to be conducted on my behalf and that as a result no search will be performed of the Vulnerable Sector.
Initial _____

I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been convicted of, and 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.

Have you been fingerprinted for a Vulnerable Sector Search to the past 2 years? Yes No If yes Where? _____

Have you ever been investigated for or convicted of a sexual related offence? Yes No If yes Where? _____

You must list the age(s) or describe the disability of the Vulnerable person(s) AND describe the circumstances of dependency of the Vulnerable Person(s) or your role and responsibilities relevant to the Vulnerable Person(s):

Signature _____ Date YYYY - MM - DD _____
(Applicant Consenting to Vulnerable Sector Search)

Parent / Guardian Signature _____ Date YYYY - MM - DD _____
(Required if applicant is under 18 years of age)

Part 5 – Police Information Check Waiver

I, _____, hereby consent to the collection and disclosure by the Lethbridge Police Service of all of the following:

- Criminal Record (Adult & Young Person)
- Absolute and/or Conditional Discharges
- Alternative Measures and/or diversion involvement
- Records of not criminally responsible by reasons of mental disorder
- Pending charges, Warrants and ongoing investigations under Provincial and Federal Statutes
- Relevant information from Police Files, from any law enforcement agency, Canadian or otherwise
- Probation, Prohibition and other Judicial Orders which are in effect
- Pardons

I request that the Lethbridge Police Service provide me with a summary of the Police Information Check. I further understand that, upon release of such information, the Lethbridge Police Service waives any responsibility for the use, application or dissemination of such information by me.

In consideration of compliance with the foregoing authorization, I, for myself, my heirs, executors, administrators, successors and assigns, hereby release, waive and forever discharge the Lethbridge Police Service, the Lethbridge Police Commission, the Chief of Police, the City of Lethbridge and all their employees, agents, officers, assigns, representatives and successors, of and from any and all liability for such disclosure, including all claims, demands, damages, costs, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage of any nature which may be sustained by me or by any other person, howsoever caused or arising, including but not limited to negligence, as a result of, or connected to, the release of this information, and I further waive all rights, present or future, relating to the release of information set out herein.

I understand that any information provided by me for the purpose of this Police Information Check, including fingerprints, may be used or disclosed for law enforcement purposes. The information collected on this form and as part of the Police Information Check process will be collected, used, and disclosed in accordance with the Freedom of Information and Protection of Privacy Act or as otherwise provided by law.

By signing this document, I have fully informed myself of its content and meaning, and understand its content and meaning.

Signature _____ Date YYYY - MM - DD _____

Parent / Guardian Signature _____ Date YYYY - MM - DD _____
(Required if applicant is under 18 years of age)

AGENCY USE ONLY

| | | |
|--------------------|------------------------|---------------------------|
| Verified by: _____ | Employee Number: _____ | Date YYYY - MM - DD _____ |
|--------------------|------------------------|---------------------------|



11 (Lethbridge) Royal Canadian Air Cadet Squadron
Box 27005
Henderson Lake Postal Station
Lethbridge AB T1K 6X5

Date: _____

Royal Canadian Mounted Police
427 Stafford Drive South
Lethbridge AB T1J 4G2

To Whom It May Concern:

_____ is an applicant as an unpaid adult volunteer with Air Cadets and will be responsible for supervision and transportation of youth. As part of the Registration and Screening process of the Air Cadet League of Canada, all volunteers are required to provide a current Police Records Check with Vulnerable Sector Screening.

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