



National Office Use Only

## The Army Cadet League of Canada Volunteer Registration Form

*In the interest of protecting our Cadets, the Army Cadet League of Canada has established a Volunteer Screening Program, in conjunction with our partner, the Department of National Defence. All information collected for this program will be kept confidential. Information about our privacy policy can be found online at <http://www.armycadetleague.ca/resources/policies-manual/>*

*If you have any questions about our Volunteer Screening Program, please call the National Office at: 1-877-276-9223.*

**ONCE COMPLETED THIS DOCUMENT REMAINS CONFIDENTIAL**

**Who has to fill out this form?** Any person, civilian or military who wish to volunteer with a cadet corps and who may find themselves working alone with Cadets who are on "cadet duty" as defined in "The Queen's Regulations and Orders for the Canadian Cadet Organization". There are two exceptions:

1. Members of the Cadet Instructors Cadre (CIC);
2. Volunteers or parents who occasionally drive cadets to and from organized activities do not need to be screened. The Army Cadet League has provided a Driver's Log that records basic information and provides specific safety instructions for Drivers and Cadets. See ACLC Policy No. 10.1

To complete your application, we will require the application fully completed, a Canadian Police Identification Check (CPIC) to the Vulnerability Sector Screening (VSS) level and photocopies of two pieces of official identification, one of which must include a photo, and one recent photograph (taken within the last 3 months) of yourself, preferably digital format, head & Shoulders for the ID Card.

Provincial Branches may keep a copy of the first page only. The completed application package will be retained at the National Office. After 5 years you will be required to be re-screened. Basic tracking information is recorded on our secure Volunteer Database. Your name may be shared with other youth organizations, but only for the purpose of volunteer screening. Your name and address will not be distributed to any third party.

***This form is also available in an electronic format however will need to be printed to complete Section 5 before it is handed in to your Volunteer Screening Coordinator.***

INITIAL APPLICATION      RENEWAL      TRANSFER FROM CORPS      TO CORPS

### Section 1 – Contact Information

Surname	First	Middle
Address		
City	Province	Postal Code
Phone Number	Fax	E-mail
Province or Territorial Branch:		Cadet Corps #:

### Section 2 – Historic Information

Date of Birth (dd/mmm/yyyy)	Place of Birth (City, Province/State, Country)	
Previous Address (if less than one year at your current address)		
Street Address		
City	Province	Postal Code

### Section 3 – Previous Military Service

Have you ever been in the military? (Check one box)  Yes  No  
 If you answered 'Yes' above, please provide your Service Number (SN):

### Section 4 – References (Individuals listed may NOT be family members)

First Reference	
Name	Relationship to You
Phone Number	E-Mail
Second Reference	
Name	Relationship to You
Phone Number	E-Mail
Third Reference	
Name	Relationship to You
Phone Number	E-Mail

**Please print this form for signature prior to handing it in to your Volunteer Screening Coordinator**

### Section 5 – Personal Declaration

I, the undersigned, agree that all information contained within this application is factual and been completed to the best of my ability. I permit The Army Cadet League of Canada, or its agents, to interview any of the contacts listed in my application. I understand when acting as a Volunteer for the Army Cadet League of Canada I will not be entitled to any remuneration.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sponsoring Committee Check List	Branch Check List
<input type="checkbox"/> Identification Check (photocopies enclosed) <input type="checkbox"/> CPIC obtained <input type="checkbox"/> Photograph obtained <input type="checkbox"/> Personal Interview completed <input type="checkbox"/> Reference Checks completed <input type="checkbox"/> Prior CF Service documents obtained <input checked="" type="checkbox"/> <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	<input type="checkbox"/> Application Complete <input checked="" type="checkbox"/> <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended    
Comments	Comments
Print Name	Print Name
Telephone #	
Signature	Signature
Date	Date