



The Air Cadet League of Canada  
(Quebec and Ottawa Valley)  
**Volunteer Member Renewal Form**

**MEMBER INFORMATION**

Date: <small>(DD/MM/YYYY)</small>	Squadron #:	Province:
Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	Last Name:	First Name:
Middle Names:	Aliases:	
Address:		
City:	Province:	Postal Code:
Mailing Address <small>(if different from above):</small>		
Home Phone:	Cell Phone:	Email:
Previous Address <small>(if less than two years):</small>		How Long:
City:	Province:	Postal Code:

**MEMBER CERTIFICATION (To be completed and signed by the Member)**

Have you ever been convicted of a criminal offence (in Canada or elsewhere) for which you did not receive a Record Suspension (Pardon) or the Record Suspension had been revoked, or of any offence that may affect your suitability to work as a volunteer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Initials of Member
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.			Initials of Member
<p>If my renewal as a volunteer is accepted, 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.</p> <p>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.</p>			
<p>_____</p> <p>Signature of Member</p>		<p>_____</p> <p>Date (DD/MM/YYYY)</p>	

**CHAIRPERSON OR DESIGNATED PERSON'S RECOMMENDATION**

Recommended <input type="checkbox"/>	_____	_____
	Name	Title
Not Recommended <input type="checkbox"/>	_____	_____
	Signature	Date (DD/MM/YYYY)

**TO BE COMPLETED BY THE PROVINCIAL SCREENING REGISTRATION COORDINATOR  
PROVINCIAL OFFICE (QOVPC)**

Application <input type="checkbox"/> Police check (screening) <input type="checkbox"/> Recommendation <input type="checkbox"/> Photo <input type="checkbox"/>	The renewal of this member is: Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>	Membership Card Information	
	_____ Signature	Date issued	
		Expiry date	
		Notification sent	
		Data entered	
Date _____	Squadron _____	Membership No # <b>QVO-16-</b>	