



Annex E: Volunteer Renewal Form

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PRINT CLEARLY

Date:	Squadron:		
<input type="checkbox"/> Mr	Last Name:	Given Names:	
<input type="checkbox"/> Mrs			
<input type="checkbox"/> Ms	Aliases or Maiden Name:		
Home Address:		How long:	
Municipality:	Postal Code:	<input type="checkbox"/> Rent	
Province:		<input type="checkbox"/> Own	
		<input type="checkbox"/> Other	
Home Phone:	Business Phone:		
Home Fax:	Business Fax:		
Home Email:	Business Email:		
PRC & VSS Date Previously Completed		D.O.B.	
Have you ever been convicted of a criminal offence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<p>I certify that the above information is true and correct. Without limiting any previous consent respecting the collection, use and disclosure of my personal information, I hereby authorize the Air Cadet League of Canada to collect, use and disclose to Provincial Committees, any and all of my personal information, available from any government organization, including any Police Service, as it regards any criminal charges or convictions relating to myself. Once completed, information from this form will be included in a national database and may be shared with other components of the Canadian Cadet Movement.</p> <p>To continue to qualify as a volunteer, I acknowledge and confirm that I must complete and sign this application, I must agree and consent to a Police Records Check with Vulnerable Sector Screening at least every five years and I must advise the Provincial Screening Coordinator immediately, if I am charged or convicted of a criminal offence.</p>			
_____ Signature			



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Director or SSC Chairperson's Endorsement: (Use additional sheet if comments are necessary).	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
Name:	
Title:	_____
	Signature

OFFICIAL USE ONLY

Confirmation by OPC Registration & Screening Coordinator:	<input type="checkbox"/> Renewed <input type="checkbox"/> Not Renewed
_____	_____
Signature	Date
Administration:	
New Volunteer Card Issued:	_____
	Date
Expiry Date:	_____
	Date
Information uploaded to National Office:	_____
	Date