



Air Cadet League of Canada
British Columbia Provincial Committee
#2 – 7630 Montreal Street, Delta, BC V4K 0A7

Civilian Instructor Registration Form

I am a Civilian Instructor registering as a volunteer with the Air Cadet League of Canada and I declare that as a volunteer I will support the purposes of the Society, namely to facilitate, support, promote and carry out the activities and programs of the Air Cadet League of Canada within British Columbia.

I hereby consent to the collection, use and disclosure of my personal information in accordance with the Privacy Policy of the Society.

Further, I agree to undergo the Screening Process as required by the Air Cadet League of Canada.

Print Name

Signature

Date

Province

Squadron #

BCPC OFFICE USE ONLY

Registration # _____

Date Received: _____

Date of Application: _____

Date of Expiry: _____

Date of Renewal: _____

Date Card Sent: _____

Document Verification: CRC _____ **VSS** _____ **Photo ID** _____

(Check documents as verified) (Copy of Photo ID accepted)

Verified and Completed by:

Signature: Provincial Screening Coordinator

Print Name

Date

Information Transmitted to ACLC HQ: Date: _____ **Forwarded By** _____



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2 – 7630 Montreal Street, Delta, BC V4K 0A7
1-866-614-BCPC (2272)



PAID Civilian Instructor (New Applicant)



Civilian Instructor (Renewal Application)

Please Print Clearly

Date: _____	Squadron: _____
<input type="checkbox"/> Mr Last Name: _____ <input type="checkbox"/> Mrs <input type="checkbox"/> Ms Aliases or Maiden Name: _____	Given Names: _____
Home Address: _____	How long: _____
Municipality: _____ Province: _____	Postal Code: _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other
Home Phone: _____ Home Fax: _____ Home Email: _____	Business Phone: _____ Business Fax: _____ Business Email: _____
PRC & VSS Date Previously Completed _____	Date of Birth: _____
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 every <u>five years</u>, and I must advise the Provincial Screening Coordinator immediately, if I am charged or convicted of a criminal offence.</p>	
Signature of applicant _____	Date _____
Director or SSC Chairperson's Endorsement: <input type="checkbox"/> RECOMMENDED (Use additional sheet if comments are necessary) <input type="checkbox"/> NOT RECOMMENDED	
Name _____	Title _____
Signature _____	Date _____