



The Air Cadet League of Canada

VOLUNTEER REGISTRATION AND SCREENING APPLICATION FORM

Candidate Interview Form

Listen to the responses. Mark YES if the responses are viewed by the interviewers to be appropriate to the position for which the candidate is being interviewed. Use additional sheets to document the answers if required.

Candidate: _____		Date of Interview: _____	
	YES	NO	NOTES
1. Why are you interested in applying to be a volunteer?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do you have any experience working with a youth organization? If so what?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you enjoy working with children? If so, please outline your past experience.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have you ever been registered or screened as a candidate for volunteer work? If so, please talk about the organization and what your role was in the organization.	<input type="checkbox"/>	<input type="checkbox"/>	
5. As a volunteer you will be involved in activities that include working with the cadets and the community. What are the skills you have that will be useful to the organization?			
6. Is there anything in your background or past that you believe may prevent you from being registered as a volunteer?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Based on your responses to the question on page 2 of the application, (show them the section where they have responded and signed), is there anything you would like to discuss?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Have you ever had any involvement with the police or other authorities that would reflect on your background or on your likelihood of being screened positively for the position you are being considered for in the Air Cadet League of Canada?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Were you ever convicted of any criminal offence (in Canada or elsewhere) that has not been pardoned or have had the pardon revoked, or of any offences of a nature that affect or could be seen as affecting your suitability to work as a volunteer?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Do you know of any limitations, physical, mental or otherwise that will impede your ability to carry out the duties of a volunteer?	<input type="checkbox"/>	<input type="checkbox"/>	
11. <u>For Applicants to be Treasurer</u> What is your experience with maintaining financial records?			
Signature of Interviewer <hr style="border: 0; border-top: 1px solid black;"/> Name: Date:	Signature of Interviewer <hr style="border: 0; border-top: 1px solid black;"/> Name: Date:		Recommended YES <input type="checkbox"/> or NO <input type="checkbox"/> <i>(Circle as appropriate)</i>