



# SOCIETY

## MEMBER / VOLUNTEER / NON MEMBER VOLUNTEER

### VERIFICATION FORM

**SOCIETY MEMBERSHIP** (All applicants must complete and include this page in screening package)

Sqn #: **89 (Pacific)**      Date: \_\_\_\_\_      Province: **BC**

I declare that 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 with British Columbia. I hereby consent to the collection, use and disclosure of my personal information in accordance with the Privacy Policy of the society. I hereby acknowledge having received and having been given the opportunity to read and understand the Privacy Policy. Further, I agree to undergo the Screening Process as required by the Air Cadet League of Canada.

\_\_\_\_\_  
APPLICANT NAME (PRINT)

\_\_\_\_\_  
APPLICANT SIGNATURE

***Legal name of Society:* 89 (Pacific) R.C.A.C.S. Support Association**

I hereby apply to be a ***Member*** of the Society understanding and acknowledging that I will be a Member with voting status. I will not be active in the day to day business of the Society however I agree to undergo the screening process as required by the Air Cadet League of Canada.

I hereby apply to be a ***Member Volunteer*** of the Society understanding that I will be an active member with voting status with the Society, actively participating in the day to day business of the Society. I agree to undergo the screening process as required by the Air Cadet League of Canada, understanding this requirement when working with or around the youth of the organization.

#### NON-MEMBER VOLUNTEER

**I hereby apply to be a *NON-MEMBER Volunteer* understanding that I will be working under the supervision of the Squadron Commanding officer.** (No Vote – Not a member of the Society).

I acknowledge that I will support the purposes of the Air Cadet League of Canada within British Columbia. I hereby consent to the collection, use and disclosure of my personnel information in accordance with the Privacy Policy. I hereby acknowledge having received and having been given the opportunity to read and understand the Privacy Policy, as a CI or *Non member* Volunteer I agree to undergo the Screening process as required by the Air Cadet League of Canada.

#### BCPC OFFICE USE ONLY

Date Rec'd \_\_\_\_\_      CARD REG # \_\_\_\_\_

Date of Screening: \_\_\_\_\_      Date of Renewal \_\_\_\_\_

Date of Expiry \_\_\_\_\_      Date Card Sent: \_\_\_\_\_

Document Verification: CRC       VSS       PHOTO ID   
(Check Documents as verified – DL photo, Passport or Government photo accepted)

Screening process verified and completed by:

\_\_\_\_\_  
Signature of Provincial Screening Coordinator      Date \_\_\_\_\_