

VOLUNTEER STATUS FORM  
BCF04



Legal name of Society: 893 BEAUFORT SQUADRON

Date: \_\_\_\_\_ SQN/SSC # 893 Province B.C

As a volunteer, 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 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. 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 & Registration process as required by the Air Cadet League of Canada.

\_\_\_\_\_  
APPLICANT NAME (Print) APPLICANT SIGNATURE

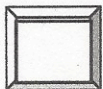
CHECK ONE

LEAGUE VOLUNTEER



I hereby apply to be a **League Volunteer** working under the direction of the Board of Directors of the Society. I will provide a current EPIC (Enhanced Police Information Check) or a Criminal Record Check from a local police detachment. (NOTE: VSS cannot be requested by League Volunteers) I agree to undergo the Screening & Registration process as mandated by the Air Cadet League of Canada.

CIVILIAN VOLUNTEER



I hereby apply to be a **Civilian Volunteer** working under the direction and supervision of the Squadron Commanding Officer. I will sign the CATO 23-07 with the CO as required. I will provide a current Criminal Record Check with a Vulnerable Sector Screening. As a Civilian Volunteer I agree to undergo the Screening & Registration process as mandated by MOU between Air Cadet League of Canada and the Department of National Defence.

**BCPC OFFICE USE ONLY:**

Document checklist: CRC/VSS \_\_\_\_\_ EPIC \_\_\_\_\_ JPG Photo rec'd \_\_\_\_\_

CARD # \_\_\_\_\_

Date of Registration: \_\_\_\_\_ Date of Expiry: \_\_\_\_\_

Card Sent: \_\_\_\_\_

Screening process verified and completed by:

\_\_\_\_\_  
Provincial Screening Coordinator

\_\_\_\_\_  
Date



**AIR CADET LEAGUE OF CANADA**  
BRITISH COLUMBIA PROVINCIAL COMMITTEE

**Society (SSC) Membership Application**

Completion of this form is NOT required by "CI's" or "Non Member Volunteers")

I hereby apply to be a Member of the 893 BEAUFORT SQUADRON (Society Legal Name).

I will support the purposes of the 893 BEAUFORT SQUADRON (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.

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ PC \_\_\_\_\_

Phone: (H) \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date started with Squadron Sponsoring Committee: \_\_\_\_\_

I am willing to assist with the Squadron Sponsoring Committee in the following areas:

SSC office use only

DATE of Membership approval by SSC: \_\_\_\_\_