



**AIR CADET LEAGUE OF CANADA  
ONTARIO PROVINCIAL COMMITTEE**

**Registration & Screening Renewal Form  
Revised: Sept. 1, 2008**

**PLEASE PRINT CLEARLY**

Squadron(s):		<input type="checkbox"/> OPC Director	<input type="checkbox"/> SSC Member	<input type="checkbox"/> Civilian Volunteer
<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:	Province:	Postal Code:		
	<b>ONTARIO</b>			
Home Phone:		Business / Cell Phone:		
Email:				
Previous Address (If present address less than 2 years):				
Previous Squadron Affiliations (If any):				
Have you ever been convicted of a criminal offence since your initial screening by the League?		<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 and/or the Ontario Provincial Committee of the League to collect, use and disclose to each other, 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 member and/or 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>				
<hr style="width: 100%;"/> Renewal Applicant's Signature			<hr style="width: 100%;"/> Date	

## OPC Volunteer Screening Renewal Form

<b>Designated League Member's Endorsement:</b> (Use additional sheet if comments are necessary).	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
Name: _____	
Title: _____	_____
	Signature
<b>Original copy of (new) Police Records Check with Vulnerable Sector Screening is mandatory.</b>	
<input type="checkbox"/> Attached in a separate envelope	<input type="checkbox"/> Will follow when available

### OPC OFFICE USE ONLY

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