

# **Air Cadet League of Canada (Quebec and Ottawa Valley)**

## **Who We Are**



**CPQVO-116**

April 2024

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## 1. National level

The Air Cadet League of Canada (ACLC) works closely with the Canadian Armed Forces Junior Cadet and Ranger Program to achieve the objectives of the Air Cadet Program. This collaboration is governed by the Memorandum of Understanding (MOU) signed between the Canadian Armed Forces and the Navy League of Canada, the Army Cadet League of Canada and the ACLC. Under the terms of the MOU, the military partner is fully responsible for the supervision and training of the cadets, who are between the ages of 12 and 18.

The ACLC is a registered charity. It is the umbrella organization for 11 provincial and territorial committees, which work closely with the officers in their territories to ensure the smooth running of activities within the squadrons under their jurisdiction, and to encourage the formation of new squadrons where and when possible or necessary. The provincial and territorial committees are registered charities and have signed an affiliation agreement with the ACLC that defines the roles and obligations of both parties.

### 1.1 Partnership with the Canadian Armed Forces

The partnership between the Air Cadet League of Canada and the Junior Canadian Cadets and Rangers program of the Canadian Armed Forces is essential at all levels of our organization and plays an important role in its success. Communication is a key partnership tool for preventing problems and resolving those that do arise. The provincial chairpersons for Quebec of the three leagues (Air, Army and Navy) participate in monthly meetings with the Commanding Officer and Deputy Commanding Officer of the Eastern Region Regional Cadet Support Unit (RCSU-E).

## 2. Provincial level

The Air Cadet League of Canada (Quebec and Ottawa Valley) (QOVPC) is a provincial committee authorized by the ACLC. Its organizational structure extends to the provincial, regional and local levels. All members of the provincial, regional and local teams must be volunteer members in good standing of the QOVPC, and all have been screened.

### 2.1 The QOVPC Board of directors

The Board of Directors (Board) fully exercises the powers of a corporate board of directors and is responsible for all QOVPC activities. It performs these functions in compliance with federal and provincial laws (e.g., Quebec Civil Code, protection of personal information), national policies, the Affiliation Agreement signed with the Air Cadet League of Canada and its own by-laws.

### 2.2 Provincial office

The provincial office is responsible for the QOVPC's administrative services and reports to an executive director. The provincial office has 3 employees in addition to the Executive Director, and contracts accounting and IT support services. The Board manages the QOVPC's financial affairs by establishing a budget, but it is the executive director who manages the QOVPC's day-to-day administration, according to the priorities established by the Board.

The provincial office team liaises between members of the squadron sponsoring committees (SSCs), regional coordinators and members of the Board. This liaison complements the administrative and organizational support provided by the team to members at all levels. In addition to working together on a daily basis to receive, process and respond to incoming e-mails and telephone calls, the provincial office team works hard to support members in the performance of their duties, providing full support for various requests, needs and events throughout the year.

### 3. Regional structure

The QOVPC currently has over 1,000 volunteer members spread across Quebec and the Ottawa Valley. Most of them work locally in one of our 93 SSCs. There are also regional teams, made up mainly of regional coordinators and squadron advisors. The QOVPC's eleven regions are grouped into 5 sectors, as follows:

- North: Abitibi and Saguenay/Lac St-Jean/Nord du Québec regions (15 SSCs);
- South: Montérégie and Rive-Nord regions (22 SSCs);
- Centre: Estrie/Bois-Francs and Mauricie regions (15 SSCs);
- East: Quebec and Bas St-Laurent regions (16 SSCs);
- West: Ottawa Valley, Montreal West and Montreal East regions (25 SSC).

Each sector reports to a Sector Director who is a member of the Board of Directors.

#### 3.1 Regional coordinators

Each regional coordinator is appointed by the sector director responsible for the region and approved by the Board. Under the direct authority of the sector director, the regional coordinator is responsible for carrying out the QOVPC's mission in his or her region and is responsible for the smooth operation of the SSCs under his or her authority.

The regional coordinator's responsibilities include

- Recommending to the sector director the appointment of squadron advisors, and supervising them in their duties;
- Supervising sponsoring committee chairs through SSC advisors, where applicable, including with respect to :
  - planning,
  - volunteer screening,
  - payment of assessments, and
  - training of SSC chairpersons and members;
- Interact with the regional training officer when there are problems related to the squadrons for which he or she is responsible, and encourage the organization of regional activities in partnership with the training officer;

- Make recommendations to the sector director concerning the creation of new squadrons, the amalgamation of existing squadrons, the guardianship or closure of SSCs in difficulty; and
- Report monthly to the sector director.

### **3.2 SSC advisors**

Recommended by the regional coordinator and approved by the sector director, the SSC advisor, under the authority of the regional coordinator, assists the latter with one or more SSCs. Responsibilities include :

- Assisting and acting as a resource person for the SSC(s) for which he/she is responsible;
- Chairing or overseeing the annual election of any SSC for which he/she is responsible;
- Advising the regional coordinator on the type of assistance to be provided to SSCs in difficulty.

## **4. Local structure - Squadron sponsoring committees**

At the local level, although SSC members are all members in good standing of the QOVPC, the SSC is a separate entity that is required to comply with the by-laws and policies of the QOVPC and the ACLC. To this end, every SSC must have signed an affiliation agreement with the QOVPC. The role of the SSC is to represent the QOVPC at the local level, working in partnership with the military team within the squadron. Each SSC, through its chairperson, reports to the regional coordinator and/or squadron advisor. The vast majority of QOVPC SSCs are registered charities.

The chairperson of each SSC is responsible for ensuring his or her committee's compliance with the requirements of the League (e.g., volunteer screening, finances, insurance) and the government (e.g., annual declaration to Canada Revenue Agency and/or Revenu Québec). These documents are monitored on an ongoing basis by the Board and the provincial office. The main responsibilities of the SSC include the following:

- Managing the SSC bank account;
- Ensuring appropriate premises for the needs of the squadron; and
- Organizing and conducting fund-raising events.

Each SSC must be elected by June 30 of each year, and consist of a minimum of five and a maximum of eleven members.

## **5. History**

The ACLC was created by federal Order-in-Council on November 11, 1940, and received its charitable charter on April 9, 1941. Provincial committees were initiated shortly after the first ACLC meeting in June 1941. The new province of Newfoundland was represented as of 1949, the year it joined Confederation.

The evolution of the air cadet program in Canada:

Year	Number of squadrons	Number of cadets	Notes
1941	79	8,000	
1942	135	10,000	
1943	350	29,119	
1944	374	29,037	
1946	155	11,000	Start of motorized flight camp
1947			Start of international exchange
1950	198	16,746	
1952			Start of leadership camp
1955	277	21,099	Start of drill instructor training
1960	332	25,500	
1979	380	28,000	
2003	445	25,116	
2011	455	24,316	
2019	458	27,646	
2023	454	> 26,000	

**LA LIGUE DES CADETS DE L'AIR  
DU CANADA  
(QUEBEC ET VALLEE DE L'OUTAOUAIS)**



**THE AIR CADET LEAGUE  
OF CANADA  
(QUEBEC AND OTTAWA VALLEY)**

Dear potential volunteer,

Thank you for your interest in volunteering with the Quebec and Ottawa Valley Provincial Committee (QOVPC) of the Air Cadet League of Canada (ACLC). More than 8,000 screened and registered adults share their time and skills with the air cadet program, including over a thousand on QOVPC territory.

The ACLC and its partner, the Department of National Defence (DND), have worked together for over 80 years to establish and maintain an outstanding youth organization. The Air Cadet program is extensive and delivered in a structured, team-based, disciplined and safe manner for all.

All our volunteers are members of the QOVPC and must be registered and screened according to the requirements established by the ACLC and DND, and behave in a way that provides positive examples for cadets. The information requested from you will be kept confidential and used by the QOVPC for screening purposes.

A membership is valid for a period of five years as long as you remain an active member in good standing. By submitting an application and having it approved, you agree to notify the QOVPC of any subsequent change in your personal circumstances, such as a criminal offence, that will require a reassessment of your membership status.

Once again, thank you for your interest in the Air Cadet Program!



# Air Cadet League of Canada

## Quebec and Ottawa Valley

### CPQVO-102 : Member Registration Form

#### SECTION 1 - APPLICANT INFORMATION

Date: <small>(DD-MM-YYYY)</small>		SSC #:	Province :	Correspondence language: English <input type="checkbox"/> Français <input type="checkbox"/>	
Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	Last name:		First name:		
Middle names:			Birth date : <small>(DD-MM-YYYY)</small>		
Address:			Citizenship:		
City:		Province:	Postal Code:		
Mailing address: <small>(if different from above) :</small>					
City:		Province:	Postal Code:		
Home phone:		Cell phone:	Email:		
Previous address: <small>(if less than 2 years)</small>				How many years:	
City:		Province:	Postal Code:		

#### SECTION 2 - EMPLOYMENT INFORMATION

Current Employer:		For how long?
Occupation:		Are you self-employed ? Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer Address:		
City:		Province: Postal Code:
Phone:	Email:	

#### SECTION 3 - EXPERIENCE

Is your son or daughter a cadet? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name:	Rank :	Squadron :
Do you have any experience as a cadet or with the Canadian Forces?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been a volunteer with any other youth organization?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

If so, please specify the location and organization, as well as the number of years spent with each organization.

1.	Number of years:
2.	Number of years:

**Please indicate the talents and/or experience you have that could benefit the squadron or League.**



## SECTION 4 - REFERENCES

Please provide the names of three references who are not related to you and who have authorized you to include their personal information so that a League member can contact them.

Reference # 1. Name:	Email	
Address	Daytime Phone:	Evening Phone:
Reference # 2. Name:	Email	
Address	Daytime Phone:	Evening Phone:
Reference # 3. Name:	Email	
Address	Daytime Phone:	Evening Phone:

## SECTION 5 - APPLICANT CERTIFICATION *(To be completed and signed by the Applicant)*

Were you ever convicted of a criminal offence (in Canada or elsewhere) for which you did not receive a Record Suspension (Pardon) or the Record Suspension had been revoked, or of any offence that may affect your suitability to work as a volunteer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Initials of applicant
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I understand that the Air Cadet League of Canada, after due process of consideration and review, reserves the right to accept or decline my services. Initials of applicant

I authorize the Air Cadet League of Canada and its Provincial Committees to obtain information about me from any individual as well as from any police agency or authorized contractor and consent to the use of that information for the purpose of screening.

I certify that the information contained herein is true and correct and understand that the information provided may be shared, with my consent, with the Department of National Defence.

I understand that information collected will be kept confidential by the provincial and national League offices and that it will be recorded in a secure and encrypted national database..

If I am selected as a volunteer, I pledge to place the safety and well-being of the cadets above all else. I agree to inform the Air Cadet League of Canada and its Provincial Committee of any changes in my status, including any convictions for criminal offences, during the period I volunteer with the Air Cadet League of Canada..

**I acknowledge that by becoming a member of the Air Cadet League of Canada, I agree to abide by the by-laws and policies adopted by the Air Cadet League of Canada and the Quebec and Ottawa Valley Provincial Committee.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date (DD-MM-YYYY)

## SECTION 6 - CHAIRPERSON OR DESIGNATED PERSON'S COMMENTS AND RECOMMENDATION

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Recommended <input type="checkbox"/>	_____	_____
	Name	Title (Position)
Not recommended <input type="checkbox"/>	_____	_____
	Signature	Date (DD-MM-YYYY)

## TO BE COMPLETED BY THE PROVINCIAL OFFICE

Application <input type="checkbox"/> Police check (screening) <input type="checkbox"/> Recommendation <input type="checkbox"/> Photo <input type="checkbox"/>	The membership of this applicant is: Approved <input type="checkbox"/> Not approved <input type="checkbox"/>	Membership Card Information	
	Comments : _____ Signature	Date issued	
		Expiry date	
		Notification sent	
Date	SSC	Membership number	



## Member commitment - Ethics and privacy

CPQVO-111

**As a member of the Air Cadet League of Canada (Quebec and Ottawa Valley), I commit to:**

- Respect the by-laws and policies of the Air Cadet League of Canada (ALCL) and its Quebec and Ottawa Valley Provincial Committee (QOVPC);
- Act in accordance with the mission, vision and values of the QOVPC and the ALCL;
- Be supportive of and loyal to my colleagues and the QOVPC;
- Work in collaboration with representatives of the Department of National Defence, respecting the division of responsibilities established between our organizations; and
- Refrain from making public statements on matters for which I am not designated as the official spokesperson.

**I understand that I may have access to sensitive and/or confidential information, including personal information. In such circumstances, I agree to:**

- Keep such information confidential and secure;
- Not to use or disclose such information for anything other than authorized official purposes;
- Not transmit such information to persons who are not authorized to have access to it; and
- Take all reasonable measures to prevent any unauthorized person from examining and/or copying such information.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date



## Consent to the distribution of images and/or videos of volunteers CPQVO-124

I understand that the Air Cadet League of Canada (Quebec and Ottawa Valley Provincial Committee - QOVPC), including its members and representatives, may take, use and disseminate photographs and/or video recordings of volunteers captured during activities that are part of the Air Cadet Program. This could include the name of the individual(s), the name and location of the committee (squadron or regional) to which they belong, and their roles in the program. This dissemination may be done on any of the QOVPC platforms, including social networks and publications aimed at the general public, for the purpose of informing the community and promoting the Air Cadet League.

I agree that the photographs and/or video recordings obtained as a result of my consent may be disseminated by the following means:

- |  |                                   |  |
|--|-----------------------------------|--|
| <input type="checkbox"/> All (recommended) | <input type="checkbox"/> Internet | <input type="checkbox"/> Social networks |
| <input type="checkbox"/> Television        | <input type="checkbox"/> Intranet | <input type="checkbox"/> Print media     |

I hereby waive all claims and remuneration against the QOVPC in respect of this authorization.

Signed at: \_\_\_\_\_ this \_\_\_\_\_ 20\_\_\_\_  
(city) (date)

\_\_\_\_\_  
Signature

First and last names: \_\_\_\_\_

This authorization is valid for a period of twelve months. Any consent subsequently withdrawn will be effective only from the date of withdrawal, and cannot be applied retroactively.

# **INSTRUCTIONS TO FILL OUT THE CONSENT FORM**

**(DO NOT RETURN THIS PAGE WITH YOUR DOCUMENTS)**

Candidate or member : fill out Sections 2, 2.1, 3 and 4

Chairperson or designated member of the SSC: fill out Sections 2.2 and 5.

Save the form on your desktop before completing.

1. **Section 1:** Do not change the information in this section. The identification of the organization shall read The Air cadet League of Canada (Québec and Ottawa Valley);
2. **Section 2:** indicate the squadron/regional committee you are joining or are already a part of;  
**Section 2.1:** complete all the information asked;  
**Section 2.2:** Chairperson or designated member signature to certify that the ID cards match the person filling out the form.
3. **Sections 3 and 4:** Member's signature in these 2 sections after reading.
4. **Section 5:** Chairperson or designated member confirms that all the registration and screening process is done and all the documents (CPQVO-102 - Volunteer application form, CPQVO-103 - Applicant interview form, CPQVO-104- Applicant reference check) have been filled out and will be sent to the Provincial office with this background check consent form.
5. Sent all documents with a photo of two (2) valid and legible pieces of identification to the Provincial Office by uploading them to the secure FTP site using the link for your region. (For information, contact the Provincial Office)

**IMPORTANT: DO NOT RETURN THIS DOCUMENT DIRECTLY TO THE SURETE DU QUEBEC OR ANOTHER POLICE DEPARTMENT.**

Once you receive the email confirmation that all the documents are approved, you must destroy all paper and electronic copies.



## CONSENT TO A BACKGROUND CHECK OF PERSONS WORKING WITH VULNERABLE PERSONS

### IMPORTANT

Check the partnership framework below

Protocol     Off protocol (do not complete the section 3 and the section 5)

Sections 1, 2 and 5 have to be filled by an individual or a representative of the organization responsible for the well-being of one or several vulnerable persons.

### 1. IDENTIFICATION OF THE ORGANIZATION

Name of the individual or the organization responsible for the well-being of one or several vulnerable persons <b>The Air cadet League of Canada (Québec and Ottawa Valley)</b>	Phone <b>438-858-4883/102</b>
Address (street number, street, office, city, village or municipality) <b>205 boul du Séminaire Sud, Saint-Jean-sur-Richelieu, Qc.</b>	Postal code <b>J3B 8E9</b>
Email <b><u><a href="mailto:filtrage@cadetsair.ca">filtrage@cadetsair.ca</a></u></b>	

### 2. STATUS OF THE CANDIDATE CONCERNED BY THE VERIFICATION

Volunteer     Employee     Trainee or student

Description of the paid or volunteer position (The Sûreté du Québec is not responsible for the position requirements determined by the concerned organization)

**Volunteer with:**

Details of the candidate's occupation in relation to vulnerable persons

**Volunteer with youth aged 12 to 19**

#### 2.1 IDENTIFICATION OF THE CANDIDATE

Identification of the candidate with at least **two** identification cards, where one has a picture (specify which cards were presented)

Identity document 1		Identity document 2		Identity document 3	
Last name, first name			Name at birth (if different)		Other first names
Date of birth (yyyy-mm-dd)		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Phone		Email
Present address (street number, street, apartment, city, village or municipality)				Province	Postal code

Prior addresses (last five years)

1.

2.

3.

4.

5.

#### 2.2 CONFIRMATION OF THE IDENTIFICATION OF THE CANDIDATE

I certify that I have read the original documents produced to confirm the identity of the candidate.

Last name, first name	Signature	Date (yyyy-mm-dd)

**3. CONSENT OF SOCIAL INVESTIGATION**

I, the undersigned, consent that before a background check is requested to the Sûreté du Québec, a representative of the organization conducts a social investigation. This social investigation will be conducted to make verifications in order to ensure of the good morals and reputation of the candidate using any and all means allowing to verify and validate the truthfulness and accuracy of references and information given by this candidate.

		If the candidate is under 18 years old	
_____	_____	_____	_____
Signature of the candidate	Date (yyyy-mm-dd)	Signature of the parent or tutor	Date (yyyy-mm-dd)

**4. CONSENT TO THE BACKGROUND CHECK**

I, the undersigned, hereby consent that a representative of the Sûreté du Québec conduct a background check, meaning researching for **any current or past convictions or indictment for an offence or criminal offence that could lead to a reasonable belief** that I could pose a potential risk to the physical or moral safety of the vulnerable persons with whom I will work. Also considered as backgrounds, are offences listed in the appendix or the Criminal Records Act even if they have been suspended from the criminal record.

I also consent to the representative of the Sûreté du Québec making verifications and giving the results according to the following procedure: **if no entries are found**, the representative of the Sûreté du Québec gives the results directly to the organization or the individual: responsible for the well-being of one or several vulnerable persons. If entries are found, the results will only be given to me and I will be requested to go to the Sûreté du Québec to receive it personally, to be heard and if possible, to have it modified.

**I am aware that, as a result of this consent**, if my date of birth and gender seem to match those of a person whose name appears in a criminal record in relation to any sexual offence listed in Schedule 2 of the Criminal Records Act for which a record suspension has been granted or issued, I will be asked to provide my fingerprints to confirm that record, and the Commissioner of the Royal Canadian Mounted Police may provide the Minister of Public Safety and Emergency Preparedness Canada with any record in that regard. The Minister may disclose all or part of the information contained in the record to a police force or authorized agency. The Sûreté du Québec will provide me with the information and, if I consent in writing, will disclose it to the person who made the verification request.

		If the candidate is under 18 years old	
_____	_____	_____	_____
Signature of the candidate	Date (yyyy-mm-dd)	Signature of the parent or tutor	Date (yyyy-mm-dd)

**5. ATTESTATION OF SOCIAL INVESTIGATION**

I hereby certify, having conducted the social investigation mentioned at section 3 and that I am :

Satisfied with the results                       Not satisfied with the results of the investigation, and end of the verification process

_____	_____	_____
Last name, first name of the representative, the individual or the organization	Signature of the representative, the individual or the organization	Date (yyyy-mm-dd)



Air Cadet League of Canada  
Quebec and Ottawa Valley

## CPQVO-103: Applicant Interview Form

**Applicant:** \_\_\_\_\_ **Date of Interview:** \_\_\_\_\_ **SSC:** \_\_\_\_\_

**Each interview must be conducted by 2 QOVPC members in good standing.**

Listen carefully to the answers. Use additional sheets to document them if required.

QUESTIONS			NOTES
1. Why are you interested in applying to be a volunteer?			
2. 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?			
3. Applicants for the Treasurer position: what is your experience with maintaining financial records?			
	Yes	No	
4. Do you enjoy working with children? If so, please outline your experience.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do you have any experience working with a youth organization? If so, which organization?	<input type="checkbox"/>	<input type="checkbox"/>	
6. 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"/>	
7. Is there anything in your past that you believe could prevent you from being registered as a volunteer?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Based on your responses to the question on page 2 of your application form CPQVO-102, (show them the section where they have responded and signed), is there anything you would like to discuss?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Have you ever been involved with the police or other authorities that would reflect on your background or on your likelihood of being screened positively for the position for which you are being considered?	<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"/>	

**TO BE COMPLETED BY THE INTERVIEWERS**  
*(Signatures and dates are required)*

_____ Name of interviewer (print)	_____ Name of second interviewer (print)	<p><b>Recommended</b> <i>(Check as appropriate)</i></p> <table style="margin: auto;"> <tr> <td style="padding: 5px;"><b>Yes</b></td> <td style="padding: 5px;"><b>No</b></td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </table>	<b>Yes</b>	<b>No</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Yes</b>	<b>No</b>					
<input type="checkbox"/>	<input type="checkbox"/>					
_____ Signature of interviewer	_____ Signature of second interviewer					
_____ Date	_____ Date					



**Air Cadet League of Canada  
Quebec and Ottawa Valley**

**CPQVO-104: Applicant Reference Check**

*A separate form is required for each of the two chosen references*

**Reference checks must be carried out by the SSC member in good standing designated for this purpose. It must be confirmed at the start of the conversation that the reference is not related to the candidate.**

**To be read to the reference:** The Air Cadet League of Canada welcomes many volunteers into its Sponsoring Committees and into the Air Cadet program as a whole. The League and its partner, the Department of National Defence, jointly support the Royal Canadian Air Cadets, a leading youth organization that could not operate without the generous help of volunteers. On behalf of the Squadron Sponsoring Committee, thank you for taking the time to provide us with references on our prospective volunteer.

**Date:** \_\_\_\_\_

**SSC:** \_\_\_\_\_

**SECTION 1 - REFERENCE REQUEST ED FOR:**

Last name:	_____	First name:	_____
------------	-------	-------------	-------

**SECTION 2 - REFERENCE NAME:**

Last name:	_____	First Name:	_____
------------	-------	-------------	-------

Daytime Phone:	_____	Evening Phone:	_____	Email:	_____
----------------	-------	----------------	-------	--------	-------

May we contact you again about the answers provided below, if necessary?	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input type="checkbox"/>

<b>SECTION 3 - QUESTIONS</b>	<b>ANSWERS</b>
------------------------------	----------------

1. How long have you known the applicant?	_____
2. What is your relationship to the applicant?	_____
3. Does the applicant work well with youth?	_____
4. Does the applicant work well with adults?	_____
5. Would you be willing to have the applicant work one-on-one with your own child?	_____
6. Would you recommend the applicant as a as a good administrator of an organization's funds?	_____

**Once completed, this form must be sent to the provincial office using the FTP link.**

**SECTION 4 - SPONSORING COMMITTEE MEMBER COMPLETING THE REFERENCE CHECK:**

_____	_____	_____
Name (print)	SSC position	Date (dd/mm/yy)
_____		
Signature		





Air Cadet League of Canada  
Quebec and Ottawa Valley

## CPQVO-104: Applicant Reference Check

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**Date:** \_\_\_\_\_

**SSC:** \_\_\_\_\_

### SECTION 1 - REFERENCE REQUEST ED FOR:

Last name:		First name:	
------------	--	-------------	--

### SECTION 2 - REFERENCE NAME:

Last name:		First Name:	
------------	--	-------------	--

Daytime Phone:		Evening Phone:		Email:	
----------------	--	----------------	--	--------	--

May we contact you again about the answers provided below, if necessary?	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3 - QUESTIONS	ANSWERS
-----------------------	---------

1. How long have you known the applicant?	
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Name (print)	SSC position	Date (dd/mm/yy)
Signature		