



The Navy League of Canada Volunteer Registration Form

In the interest of protecting our Cadets, the Navy League of Canada has established a Volunteer Screening Program, in conjunction with our partner, the Canadian Forces. All information collected for this program will be kept confidential. If you have any questions about our Volunteer Screening Program, please call the National Office at: 1-800-375-6289 or visit

www.navyleague.ca

Who has to fill out this form? Any person (prospective employee, member or volunteer) who will have, or may have, direct contact with Navy League Cadets or Sea Cadets. There are two exceptions:

1. Volunteers who occasionally drive cadets to and from organized activities do not need to be screened. The Navy League has incorporated a Driver's Log that records basic information and provides specific safety instructions for Drivers and Cadets.
2. Volunteers seeking to renew their screening status should complete form NL(302)E.

What supporting documents do you require? To complete your application, we will require (i) a Canadian Police Records Check (PRC) with the Vulnerability Sector Screening (VSS), (ii) photocopies of two pieces of official identification, one of which must include a photo, (iii) one recent photograph (taken within the last 3 months) of yourself.

What happens to this information? Branches and Divisions may keep a copy of the first page only. The completed application will be archived at the National Office. After five years, you must renew your screening. Basic tracking information is recorded on our secure Volunteer Screening Database. Your name may be shared with other youth organizations, but only for the purpose of volunteer screening. Your name and address will not be distributed to any third party for commercial or unauthorized usage.

Section 1 – Contact Information

Surname	First	Middle
Address		
City	Province	Postal Code
Phone Number	Fax	E-mail
Volunteer Category <input type="checkbox"/> Branch <input type="checkbox"/> NLC <input type="checkbox"/> RCSC <input type="checkbox"/> Other (specify)		
Branch	Division	

I have received and reviewed the NL 22 Harassment Prevention Policy Summaries:

Signature: _____

Section 2 – Historic Information

Date of Birth (dd/mmm/yyyy)		Place of Birth (City, Province/State, Country)	
Maiden or Former Names (Enclose proof of Name Change)			
Previous Address (if less than one year at your current address)			
Address			
City		Province	Postal Code
Previous Address (if less than one year at the address above)			
Address			
City		Province	Postal Code

Section 3 – Employment Information

Occupation		Employer	
Address			
City		Province	Postal Code
Phone Number		Fax	E-mail
Previous Employment (if less than two years at your current Employer)			
Occupation		Employer	
Address			
City		Province	Postal Code
Phone Number		Fax	E-mail

Section 4 – Education / Qualifications

Year Attained	Certificate/Diploma	School/Institution

Section 5 – Hobbies and Interests

Where did you hear about the Navy League Cadet program? (Please check all that apply)			
Friends/Family of current/past Cadets	<input type="checkbox"/>	Public Service Announcement (TV)	<input type="checkbox"/>
In the media (newspaper, evening segment)	<input type="checkbox"/>	Movie Theatre	<input type="checkbox"/>
School Presentation	<input type="checkbox"/>	Social Media Ad	<input type="checkbox"/>
Out in the Community	<input type="checkbox"/>	Other	<input type="checkbox"/>

Do you have any experience working with youth? (include Cadet experience) Yes No

If you answered 'Yes' above, please detail your experience here:

Years (i.e. 90-95)	Organization	Age Group
Years	Organization	Age Group
Years	Organization	Age Group

Do you have experience working with Volunteer organizations? Yes No

If you answered 'Yes' above, please detail your experience here:

Years (i.e. 90-95)	Organization	Position
Years	Organization	Position
Years	Organization	Position

Have you ever been in the military? Yes (Currently Serving) Yes (inactive) No

If you answered 'Yes' above, please detail your experience here:

Years (i.e. 90-95)	Branch / Trade (i.e. Navy, Boatswain)	Rank
Years	Branch / Trade	Rank
Years	Branch / Trade	Rank

Please list any hobbies, leisure activities, or other information you feel may be helpful in assessing your application.

Section 6 – References (other than immediate family)

First Reference	
Name	Relationship to You
Phone Number	E-Mail
Second Reference	
Name	Relationship to You
Phone Number	E-Mail
Third Reference	
Name	Relationship to You
Phone Number	E-Mail

Section 7 – Personal Declaration

I, the undersigned, agree that all information contained within this application is factual and been completed to the best of my ability. I permit The Navy League of Canada, or its agents, to interview any of the contacts listed in my application. I also understand that The Navy League of Canada reserves the right to accept or decline my services for any reason, except for those prohibited by the Canadian Charter of Rights and Freedoms. If accepted as a Navy League Volunteer, I recognize the safety and well being of cadets as my foremost responsibility. I hereby agree that I will immediately advise the Navy League of Canada, after the signing of this form, if I am charged with an offence.

Signature

Date

Branch Recommendation (To be completed by Branch Screening Coordinator)				Division Recommendation (To be completed by Division Screening Coordinator)			
<input type="checkbox"/> Identification Check (photocopies enclosed) <input type="checkbox"/> PRC/Criminal Check Verified <input type="checkbox"/> Photograph Included <input type="checkbox"/> Personal Interview <input type="checkbox"/> Reference Checks <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended				<input type="checkbox"/> Application Complete <input type="checkbox"/> Interview with Branch Screening Coordinator <input type="checkbox"/> Other Cadet Leagues Confirmed <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended			
Comments				Comments			
Print Name (Screening Coordinator)				Print Name (Screening Coordinator)			
Signature		Date		Signature		Date	
Print Name (Branch President)				Print Name			
Signature		Date		Signature		Date	
Issue Card to	Branch	Division	Name and Position				
Address					City		
Province			Postal Code		Phone Number		