



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.

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(107)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 |
|---------------|---------------------|--------------------|
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Section 5 – Hobbies and Interests

How did you hear about our program? _____

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.

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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 | | Signature | | Print Name | | Signature | |
| Date | | | | Date | | | |
| Issue Card to | Branch | Division | Name and Position | | | | |
| Address | | | | | City | | |
| Province | | Postal Code | | | Phone Number | | |