

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 the documents with a picture of two (2) IDs to the Provincial office by email at filtrage@cadetsair.ca

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 The Air cadet League of Canada (Québec and Ottawa Valley)	Phone 450-358-7698/6064
Address (street number, street, office, city, village or municipality) 205 boul du Séminaire Sud, Saint-Jean-sur-Richelieu, Qc.	Postal code J3B 8E9
Email filtrage@cadetsair.ca	

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
Present address (street number, street, apartment, city, village or municipality)		Email
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)