



Volunteer Screening Checklist

Contents of this form are confidential. Once complete forward original to your council office.
DO NOT COPY

Last Name: _____

First Name: _____

Birth Date (DD/MM/YYYY): ____ / ____ / ____ Member No: _____

Scouting Group and Section: _____

Selection Interview—Confidential Interview to be completed by two Scouts Canada approved interviewers. This section to be completed following the interview, not in the presence of the candidate.

Interviewed by:
Name

Scouting Role

Date

Yes No Uncertain Comments to explain No and Uncertain

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Confidential Interview as per the <i>Adult Volunteer Screening Handbook, Interview Guide</i> to be completed by two Scouts Canada approved interviewers. Is the candidate acceptable for volunteer service under the guidelines?</p>
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Reference Checks—each reference must be contacted and checked

Circle one choice

#	Contact Date	Contacted by	How long has the reference known the applicant?	Relationship to the applicant?	Applicant works well with youth?	Applicant works well with adults?	Willing to recommend applicant to Scouts Canada?	Willing to have applicant work one-on-one with own child?
1					Yes No Uncertain	Yes No Uncertain	Yes No Uncertain	Yes No Uncertain
2					Yes No Uncertain	Yes No Uncertain	Yes No Uncertain	Yes No Uncertain
3					Yes No Uncertain	Yes No Uncertain	Yes No Uncertain	Yes No Uncertain

Comments to explain No and Uncertain Responses:

Group Committee Chair/Group Commissioner Approval

I confirm that the above named person has been fully screened as per Scouts Canada's *Adult Volunteer Screening Procedure* and is acceptable to work with youth as an adult volunteer member.

Signed: _____ Date: _____

Council Executive Director

I confirm that the *Adult Volunteer Screening Procedure* has been completed for the above named person, that a clean Police Record Check is on file and this applicant is acceptable for membership with Scouts Canada

Signed: _____ Date: _____