

Air Cadet League of Canada, BC Provincial Committee/SSC
VOLUNTEER SKILLS ASSESSMENT FORM

NAME	SSC#	Date:
SKILL/EXPERTISE/KNOWLEDGE/ QUALIFICATIONS	<div style="text-align: center;">✓ Check those which apply</div>	How would you contribute your skills, experience or qualifications to the Program?
Administration	<input type="checkbox"/>	
Charity/Voluntary Organization Governance	<input type="checkbox"/>	
Conflict Resolution	<input type="checkbox"/>	
Customer Care	<input type="checkbox"/>	
Enterprise/Business Development	<input type="checkbox"/>	
Facilitating Meetings	<input type="checkbox"/>	
Finance	<input type="checkbox"/>	
Fundraising	<input type="checkbox"/>	
HR/Training/Recruitment	<input type="checkbox"/>	
Military Experience	<input type="checkbox"/>	
It/Systems/Web Design	<input type="checkbox"/>	
Leadership	<input type="checkbox"/>	
Legal	<input type="checkbox"/>	
Aviation Experience	<input type="checkbox"/>	
Marketing	<input type="checkbox"/>	
People Management	<input type="checkbox"/>	
PR/Communications	<input type="checkbox"/>	
Project Management	<input type="checkbox"/>	
Property /Real Estate Experience	<input type="checkbox"/>	
Aviation Industry Related Experience	<input type="checkbox"/>	

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SKILL/EXPERTISE/KNOWLEDGE/ QUALIFICATIONS	 <small>Check those which apply</small>	How would you contribute your skills, experience or qualifications to the Program?
Accreditations/Certifications	<input type="checkbox"/>	
Team Development/Building	<input type="checkbox"/>	
Other Voluntary Sector Experience	<input type="checkbox"/>	
Other <<Specialist experience or qualification relevant to voluntary organizations, e.g. Aerospace, campaigning, advice, etc...>>		
	<input type="checkbox"/>	
	<input type="checkbox"/>	
Do you have a particular interest or reason for wanting to be a part of this organization?		
A diverse board is able to reflect and support the delivery of the mission of an organization. Do you have a specific service user experience, social or family experience; background or general interests that will help us better support the goals of the organization?		
Are there any areas of the work of the organization you have a particular interest in and /or would like to become involved in?		

SSC/LEAGUE OFFICE USE ONLY: (Please retain a copy of this document with the Society membership Application form at the SSC level. When Screening is completed by volunteer, include a copy of the Society Membership form and the Skills Assessment form with the Screening application when sending to BCPC Office)

Date received by SSC: _____

Notes/Comments: