



AWMAC BC Cheque Signing Policy
Approved at June 13, 2018 Board Meeting

This policy ensures that payments made by AWMAC BC are properly reviewed and approved in a manner that protects the assets of the Association and is operationally efficient.

1. The Board of Directors shall determine the authorized signing officers. Eligible signatories are Board members and one (1) staff member of AWMAC BC.
2. Authorized signing officers are required to undergo a criminal check at their local police detachment.
 - 2.1 The AWMAC BC Office is to supply a note on letterhead with AWMAC BC logo to signatory indicating they are a volunteer.
 - 2.2 The cost of the criminal record check is to be carried by AWMAC BC.
3. A maximum of four (4) signing officers total may be authorized to sign on behalf of AWMAC BC at any time.
4. All forms of payment must require two authorized signatures.
5. All details on the cheque, draft, money order or other payment instrument must be completed before signing; signing officers may not sign any blank cheques or other incomplete financial instruments.
6. All payments submitted for signature must have supporting invoices/receipts with the exception of mileage, parking meters, meal per diem.

Attached:

Sample of letter noting signatory is a volunteer

Sample of criminal check form.

BRITISH COLUMBIA CHAPTER



604-298-3555



INFO.BC@AWMAC.COM

WWW.BC.AWMAC.COM



101-4238 LOZELLS AVE.
BURNABY, BC V5A 0C4

(Date)

To Whom it May Concern:

Please be advised that (Name) is a Director on the Board of the Architectural Woodwork Manufacturer Association of Canada – BC Chapter (AWMAC BC). This is a volunteer position.

Thank you,



Glenda Harskamp,
Executive Director | AWMAC BC

YELLOW = MUST FILL IN

PINK = ONLY IF APPLIES TO YOU

**TWO PIECES OF GOVERNMENT
ISSUED IDENTIFICATION (ONE MUST
HAVE PHOTO IDENTIFICATION)**



FILL IN EVERY BOX

PREVIOUS NAME i.e.: maiden name



PLACE OF BIRTH: CITY, PROVINCE, COUNTRY



ATTACH A SEPARATE SHEET IF REQUIRED



REASON FOR APPLICATION – Volunteer? Letter
from Volunteer Organization required.
NAME OF AGENCY, EMPLOYER, etc.



VULNERABLE PERSON(S)?

Children, elderly or persons with various special
needs. If yes, FORM 1 on the last page needs to
be completed





RCMP RIDGE-MEADOWS DETACHMENT Police Information Check

RCMP – Ridge-Meadows Use Only

Fee: _____

Federal: _____

Receipt # _____

IDENTIFICATION – one form must be photo ID (office use only).

Type of ID Produced:	Number:
Type of ID Produced:	Number:

INSTRUCTIONS FOR COMPLETION

(PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE BC FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT & FEDERAL PRIVACY ACT)

Please complete clearly in ink

You must apply in person at the Police Agency in the jurisdiction you reside. At the time of application you must present:
 Any applicable fee (see website for costs and payment options).
 One piece of current, government-issued photo identification and one piece of identification verifying name and date of birth.
 If you are unable to provide proper identification the police agency cannot complete your check.
Your Police Information Check will review all available law enforcement systems, including any local police records.
This check will NOT include: overseas or US records, traffic tickets, Motor Vehicle Act offences or municipal bylaw offences.

The results of this check will not be forwarded to a third party
 (with the exception of confirmed positive Vulnerable Sector responses or if a "Duty to Warn" arises).

PART I – PERSONAL INFORMATION (COMPLETED BY APPLICANT)

LAST NAME		FIRST NAME		MIDDLE NAME(S)	
PREVIOUS NAMES (including name changes and birth/maiden name)					SEX Female <input type="checkbox"/> Male <input type="checkbox"/>
DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH:			
ADDRESS (Apartment, street # and name)		CITY		PROV BC	POSTAL CODE
PHONE NUMBER (residence)		PHONE NUMBER (cell)			
PREVIOUS ADDRESS (LIST ALL ADDRESSES WITHIN THE LAST FIVE YEARS)					*Check Completed (office use only)
STREET NAME: _____		CITY: _____		PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____		CITY: _____		PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____		CITY: _____		PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____		CITY: _____		PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____		CITY: _____		PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no

REASON FOR APPLICATION (check appropriate): Volunteer (attach letter) Employment Other (specify below)

Agency Key Contact Name: _____

Volunteer Agency/Employer Name: _____

Volunteer Agency/Employer Address and Phone Number: _____

IS YOUR REQUEST RELATED TO WORK/VOLUNTEERING WITH VULNERABLE PERSONS: YES NO

(if yes – please complete Vulnerable Sector Search Consent FORM 1 on page 7)