

### 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

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



# **FILL IN EVERY BOX**

PREVIOUS NAME i.e.: maiden name

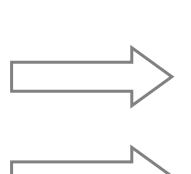
PLACE OF BIRTH: CITY, PROVINCE, COUNTRY

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 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) FIRST NAME MIDDLE NAME(S) LAST NAME PREVIOUS NAMES (including name changes and birth/maiden name) Male Female DATE OF BIRTH (YYYY/MM/DD) PLACE OF BIRTH: ADDRESS (Apartment, street # and name) CITY PROV **POSTAL CODE** BC 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: \_\_\_\_ Dyes Dino STREET NAME: \_\_\_\_\_\_ PROVINCE: \_\_\_\_ □ yes □ no STREET NAME: \_\_\_\_\_ PROVINCE: \_\_\_\_ □ yes □ no STREET NAME: \_\_\_\_\_ CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_ □ yes □ 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)