

LEVEL 1

QUALIFICATION REQUIREMENTS



COMMUNITY SERVICE PROPOSAL

By: _____

Supervisor: _____ Corps / Squadron: _____

Corps / Sqn Address: _____

Phone: _____ Fax: _____ Email: _____

Project name: _____

Need—Why this plan is needed:

Purpose—How this plan will help:

Participation—Who will help and what they will do:

- Cadets:
- Staff:
- Organizations or groups:

Outcomes—What we expect to happen as a result of our work:

How we will check outcomes—What evidence we will collect and how we will use it:

Resources—What we need to get the job done, such as supplies (itemize on back):

FOUR SQUARE REFLECTION TOOL

<p>What happened?</p>	<p>How do I feel?</p>
<p>Ideas?</p>	<p>Questions?</p>



PHYSICAL ACTIVITY TRACKER



	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1	Physical Activity Time 15 30 45 60 75 90	Physical Activity Time 15 30 45 60 75 90	Physical Activity Time 15 30 45 60 75 90	Physical Activity Time 15 30 45 60 75 90	Physical Activity Time 15 30 45 60 75 90	Physical Activity Time 15 30 45 60 75 90	Physical Activity Time 15 30 45 60 75 90
	Physical Activity List	Physical Activity List	Physical Activity List	Physical Activity List	Physical Activity List	Physical Activity List	Physical Activity List
	Less than 2 hours of recreational screen time 	Less than 2 hours of recreational screen time 	Less than 2 hours of recreational screen time 	Less than 2 hours of recreational screen time 	Less than 2 hours of recreational screen time 	Less than 2 hours of recreational screen time 	Less than 2 hours of recreational screen time
Week 2	Physical Activity Time 15 30 45 60 75 90	Physical Activity Time 15 30 45 60 75 90	Physical Activity Time 15 30 45 60 75 90	Physical Activity Time 15 30 45 60 75 90	Physical Activity Time 15 30 45 60 75 90	Physical Activity Time 15 30 45 60 75 90	Physical Activity Time 15 30 45 60 75 90
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Cadet's Signature: _____ Date: _____ Supervisor's Signature: _____ Date: _____							



PHYSICAL ACTIVITY TRACKER



		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
W e e k 3	Physical Activity Time	Physical Activity Time	Physical Activity Time	Physical Activity Time	Physical Activity Time	Physical Activity Time	Physical Activity Time	Physical Activity Time
	15 30 45 60 75 90	15 30 45 60 75 90	15 30 45 60 75 90	15 30 45 60 75 90	15 30 45 60 75 90	15 30 45 60 75 90	15 30 45 60 75 90	15 30 45 60 75 90
	Physical Activity List	Physical Activity List	Physical Activity List	Physical Activity List	Physical Activity List	Physical Activity List	Physical Activity List	Physical Activity List
Less than 2 hours of recreational screen time	Less than 2 hours of recreational screen time	Less than 2 hours of recreational screen time	Less than 2 hours of recreational screen time	Less than 2 hours of recreational screen time	Less than 2 hours of recreational screen time	Less than 2 hours of recreational screen time	Less than 2 hours of recreational screen time	Less than 2 hours of recreational screen time
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W e e k 4	Physical Activity Time	Physical Activity Time	Physical Activity Time	Physical Activity Time	Physical Activity Time	Physical Activity Time	Physical Activity Time	Physical Activity Time
	15 30 45 60 75 90	15 30 45 60 75 90	15 30 45 60 75 90	15 30 45 60 75 90	15 30 45 60 75 90	15 30 45 60 75 90	15 30 45 60 75 90	15 30 45 60 75 90
	Physical Activity List	Physical Activity List	Physical Activity List	Physical Activity List	Physical Activity List	Physical Activity List	Physical Activity List	Physical Activity List
Less than 2 hours of recreational screen time	Less than 2 hours of recreational screen time	Less than 2 hours of recreational screen time	Less than 2 hours of recreational screen time	Less than 2 hours of recreational screen time	Less than 2 hours of recreational screen time	Less than 2 hours of recreational screen time	Less than 2 hours of recreational screen time	Less than 2 hours of recreational screen time
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Cadet's Signature: _____ Date: _____ Supervisor's Signature: _____ Date: _____

CADET AIR RIFLE HANDLING TEST ASSESSMENT CHECKLIST

Cadet's Name: _____

Date: _____

	Incomplete The action was performed incorrectly or in an unsafe manner.	Complete The action was performed correctly and in a safe manner.
Upon the instruction to carry out Individual Safety Precautions, did the cadet:		
1. Ensure the bolt was fully open and to the rear.		
2. Ensure the safety catch was in the ON position.		
3. Ensure the pump lever was partially open (5-8 cm).		
4. Ensure the safety rod was inserted in the barrel and visible in the feed track.		
Upon the command " Relay Load, Commence Firing, " did the cadet:		
5. Ensure the safety catch was in the ON position.		
6. Pump the cadet air rifle, observing a three second pause.		
7. Simulate loading a pellet (flat end forward).		
8. Close the bolt.		
9. Place the safety catch in the OFF position.		
10. Aim the cadet air rifle at the target.		
11. Squeeze the trigger.		
12. Place the safety catch in the ON position.		
13. Open the bolt.		
14. Open the pump lever (5–8 cm).		
15. Lay down the cadet air rifle.		
Upon the command " Relay, Unload and Prepare for Inspection, " did the cadet:		
16. Remove the five pellet clip, if used.		
17. Pump the cadet air rifle, observing a three second pause.		
18. Close the bolt.		
19. Place the safety catch in the OFF position.		

20. Aim the cadet air rifle at the target.		
21. Squeeze the trigger.		
22. Open the bolt.		
23. Place the safety catch in the ON position.		
24. Open the pump lever (5–8 cm).		
25. Place the air rifle on shoulder, muzzle pointed down range.		
26. Wait to be cleared by the RSO.		
27. Lay down the cadet air rifle once cleared by the RSO.		

Assessor's Feedback:

Cadet Air Rifle Handling Test Overall Assessment		
Check One	Incomplete	Completed
Overall Performance	The cadet has not achieved the performance standard. One or more actions were incomplete.	The cadet has achieved the performance standard. All actions were complete.

Assessor's Name:	Position:
Assessor's Signature:	Date:

This form shall be reproduced locally.



706 Ottawa Snowy Owl Air Cadet Squadron

PROFICIENCY LEVEL ONE QUALIFICATION RECORD

Cadet's Name: _____

Flight: _____

Topic	PO No.	Performance Statement	PO Assessment	
			Incomplete	Completed
Positive Social Relations for Youth	100	Participate in Positive Social Relations for Youth Training		
Citizenship	101	Participate in Citizenship Activities		
Community Service	102	Perform Community Service		
Leadership	103	Participate as a Member of a Team		
Personal Fitness and Health Living	104	Track Participation in Physical Activities		
Physical Activities	105	Participate in Physical Activities		
Air Rifle Marksmanship	106	Fire the Cadet Air Rifle		
General Cadet Knowledge	107	Serve in an Air Cadet Squadron		
Drill and Ceremonial	108	Perform Drill Movements During an Annual Ceremonial Review		
CAF Familiarization	120	Participate in CAF Familiarization Activities		
Canadian Aviation, Aerospace, Aerodrome Operations and Aircraft Manufacturing and Maintenance, Community Familiarization	121	Participate in Canadian Aviation, Aerospace, Aerodrome Operations and Aircraft Manufacturing and Maintenance Community Familiarization Activities		
Radio Communication	129	Communicate Using the Phonetic Alphabet and Numbers		
Aviation	130	Participate in Aviation Activities		
Aerospace	140	Participate in Aerospace Activities		
Aerodrome Operations	160	Participate in Aerodrome Operations Activities		
Aircrew Survival	190	Participate in a Field Exercise		

Qualification Achieved	Yes	No	Training Officer Signature: _____	Date: _____