



**VOLUNTEER EXPERIENCE**

Year(s) Organization

Responsibilities

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Why do you want to be a volunteer with the Boys & Girls Clubs?

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Why do you feel you are qualified to serve as a positive role model for youth?

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What are the greatest needs of youth and what can you offer to help them meet those needs?

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What is your personal philosophy for dealing with youth?

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List areas in which you would like to volunteer.

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Which days and hours would you be available to volunteer?

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References: (Friends, Co-Workers, Pastor, etc.)

Name	Address	Phone	Occupation
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I TESTIFY THAT ALL OF THE ABOVE QUESTIONS HAVE BEEN ANSWERED CORRECTLY AND THAT I HAVE NEVER BEEN INVOLVED IN ANY ILLEGAL OR INAPPROPRIATE ACTIVITY INVOLVING MINORS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return application to the Unit Director or Program Director. If accepted as a volunteer, you must complete training before beginning.

# Boys and Girls Clubs of Central Illinois Background Check

Date \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Gender Male \_\_\_\_\_ Female \_\_\_\_\_

Race \_\_\_\_\_

Please read the statement below and sign form to authorize background check.

According to my signature of the employment/volunteer application for the Boys and Girls Clubs of Central Illinois, and the statements on the before mentioned documents, I do authorize the Boys and Girls Clubs of Central Illinois to conduct the necessary inquires for employment/volunteering.

Potential Employee/Volunteer Signature \_\_\_\_\_ Dated \_\_\_\_\_

**AUTHORIZATION FOR BACKGROUND CHECK**  
Child Abuse and Neglect Tracking System (CANTS)

**For Programs NOT Licensed by DCFS**

**NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.**

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Gender (circle): Male Female Race: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/Apt #  
\_\_\_\_\_  
City State Zip Code

List all addresses at which you have resided in the past five years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List maiden name and/or all other names by which you have been known: (last, first, middle)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

**Mail this request to:**  
Department of Children and Family Services  
406 E. Monroe – Station # 30  
Springfield, IL 62701

\_\_\_\_\_  
Signed Date

Please type, use bold letters or label:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Agency Name)  
(Contact Person)  
(Address)  
(City/State/Zip)

