

State of Illinois
Department of Children and Family Services

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: Male Female Race: _____

Current Address: _____
Street/Apt #

City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

OR
If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.
(Street/Apt#/City/County/State/Zip Code) Dates From/To

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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.

Signed _____ Date _____

Please type, use bold letters or label:

(Submitting Agency Fax Number)

(Submitting Email Address)

(Agency Name)

(Contact Person)

(Address)

(City/State/Zip)

Submit by mail OR fax OR email.
Mail to: Department of Children and Family Services
406 E. Monroe – Station # 30
Springfield, IL 62701
FAX to: 217-782-3991
Scan/Email to: CFS689Background@illinois.gov

Print Form

Volunteer Services Application

Print legibly in blue or black ink or type in black only. Original applications are preferred. Pencil will **not** be accepted. Fax copies and previously submitted applications will **not** be considered. Applications without complete information will be returned.

APPLICANT INFORMATION:

_____ Last Name _____ First Name _____ MI _____

_____ Street Address _____

_____ City _____ State _____ Zip Code _____ County _____

_____ Birth Date: _____ / _____ / _____ Telephone Number: _____ - _____ - _____
Social Security Number Month Day Year

Gender: Male Female Daytime Number: _____ - _____ - _____

Type of volunteer work preferred:

Religious Educational Vocational Substance Abuse

Counseling (type): _____

Individual services to: _____ (Youth Name) _____ (YIN #)

Department Youth Centers where you prefer to perform services: _____

Available for Service: Days: _____ Hours: _____

CLERGY ONLY: Ordained Licensed Commissioned Endorsed

Organization: _____ Contact Person: _____

Date credentials were issued: _____ Telephone Number: _____ - _____ - _____

<p>SPECIAL SKILLS:</p> <p><input type="checkbox"/> Bi-Lingual: _____ (Languages)</p> <p><input type="checkbox"/> Deaf Communication</p> <p><input type="checkbox"/> Braille</p> <p><input type="checkbox"/> Religious Ministry: _____ (Denomination)</p> <p><input type="checkbox"/> Tutor: _____ (Subject Area)</p> <p><input type="checkbox"/> Educational: _____ (Specialty)</p> <p><input type="checkbox"/> Recreational (specify): _____</p>	<p>Counseling in:</p> <p><input type="checkbox"/> Substance Abuse</p> <p><input type="checkbox"/> Mental Health</p> <p><input type="checkbox"/> Parenting</p> <p><input type="checkbox"/> Other (specify): _____</p> <p><input type="checkbox"/> Other Skills (specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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WORK EXPERIENCE: Begin with present position and work backward.

CURRENTLY (OR LAST)
EMPLOYED BY: _____ DATES OF EMPLOYMENT: FROM _____ TO _____
MONTH YEAR MONTH YEAR

ADDRESS: _____ TOTAL: YEARS _____ MONTHS _____

LIST NUMBER OF ACTUAL HOURS WORKED PER WEEK _____

PAYROLL TITLE: _____ PART-TIME: NO ___ YES ___ AVERAGE WEEKLY HOURS _____

IF YOU HAD **SUPERVISORY RESPONSIBILITY**, LIST THE **NUMBER OF EMPLOYEES** YOU SUPERVISED IN THE APPROPRIATE BOX OR BOXES BELOW:

MANUAL/TRADES

CLERICAL/TECHNICAL

PROFESSIONAL

ADMINISTRATIVE

LIST AND DESCRIBE DUTIES AND RESPONSIBILITIES.

REASON FOR LEAVING: _____

EMPLOYED BY: _____ DATES OF EMPLOYMENT: FROM _____ TO _____
MONTH YEAR MONTH YEAR

ADDRESS: _____ TOTAL: YEARS _____ MONTHS _____

LIST NUMBER OF ACTUAL HOURS WORKED PER WEEK _____

PAYROLL TITLE: _____ PART-TIME: NO ___ YES ___ AVERAGE WEEKLY HOURS _____

IF YOU HAD **SUPERVISORY RESPONSIBILITY**, LIST THE **NUMBER OF EMPLOYEES** YOU SUPERVISED IN THE APPROPRIATE BOX OR BOXES BELOW:

MANUAL/TRADES

CLERICAL/TECHNICAL

PROFESSIONAL

ADMINISTRATIVE

LIST AND DESCRIBE DUTIES AND RESPONSIBILITIES.

REASON FOR LEAVING: _____

VOLUNTEER EXPERIENCE:

FOR: _____ DATES: FROM _____ MONTH _____ YEAR _____ TO _____ MONTH _____ YEAR _____
ADDRESS: _____ TOTAL: YEARS _____ MONTHS _____
_____ NUMBER OF ACTUAL HOURS WORKED PER WEEK _____

DESCRIBE VOLUNTEER SERVICES:

REASON FOR LEAVING: _____

FOR: _____ DATES: FROM _____ MONTH _____ YEAR _____ TO _____ MONTH _____ YEAR _____
ADDRESS: _____ TOTAL: YEARS _____ MONTHS _____
_____ NUMBER OF ACTUAL HOURS WORKED PER WEEK _____

DESCRIBE VOLUNTEER SERVICES:

REASON FOR LEAVING: _____

FOR: _____ DATES: FROM _____ MONTH _____ YEAR _____ TO _____ MONTH _____ YEAR _____
ADDRESS: _____ TOTAL: YEARS _____ MONTHS _____
_____ NUMBER OF ACTUAL HOURS WORKED PER WEEK _____

DESCRIBE VOLUNTEER SERVICES:

REASON FOR LEAVING: _____

IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET

FORMAL EDUCATION REPORT: List your education accurately and completely.

HIGH SCHOOL CIRCLE NO. YEARS COMPLETED: 0 1 2 3 4 GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO				OR GED RECEIVED GED CERTIFICATE: <input type="checkbox"/> YES <input type="checkbox"/> NO				COLLEGE - UNIVERSITY CIRCLE NO. YEARS COMPLETED: 0 1 2 3 4 5 6 7 8 GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO					
BUSINESS, TRADE OR CORRESPONDENCE SCHOOL NAME AND LOCATION				FROM		TO		TIME		SUBJECTS	LENGTH OF COURSE	COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
				MO.	YR.	MO.	YR.	FULL	PART				
IL DRIVERS LICENSE COL: A B		ENDORSEMENT X N		RESTRICTION		CLASS RATINGS - (CIRCLE BELOW) NON COL: A B C D L M		LICENSE NUMBER		DATE ISSUED MO. YR.		CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TECHNICAL/PROFESSIONAL LICENSE				NUMBER				STATE IN WHICH ISSUED				DATE ISSUED MO. YR.	CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
TECHNICAL/PROFESSIONAL LICENSE				NUMBER				STATE IN WHICH ISSUED				DATE ISSUED MO. YR.	CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME AND ADDRESS OF COLLEGES OR UNIVERSITIES ATTENDED			TOTAL NO. OF HOURS EARNED			NAME OF MAJOR	NAME OF MINOR	DATES ATTENDED		LEVEL OF DEGREE EARNED	DATE DEGREE AWARDED		
			SEM. HRS. (OR) QRT. HRS. (OR) UNITS					FROM	TO				
UNDERGRADUATE: (NAME/CITY/STATE)							MO./YR. /	MO./YR. /		MO./YR. /			
							/	/		/			
GRADUATE: (NAME/CITY/STATE)							MO./YR. /	MO./YR. /		MO./YR. /			
							/	/		/			

REFERENCES: (Non-Relative)

1. _____ (Name) _____ (Relationship) _____ (Phone Number)
 _____ (Address)

2. _____ (Name) _____ (Relationship) _____ (Phone Number)
 _____ (Address)

3. _____ (Name) _____ (Relationship) _____ (Phone Number)
 _____ (Address)

Certification:

I certify that the information on this application and any attachments hereto are true and accurate to the best of my knowledge.

 Written Signature

 Date

In compliance with the State and Federal Constitutions, the Illinois Human Rights Act, the U. S. Civil Rights Act, the Americans with Disabilities Act, and Section 504 of the Federal Rehabilitation Act, the Department of Juvenile Justice does not discriminate in employment, contracts, or any other activity. If you have a complaint, please call the Department of Juvenile Justice at 217-558-2200 or TDD 800-526-0844.

ILLINOIS DEPARTMENT OF JUVENILE JUSTICE
Volunteer Information Sheet
(Regular Volunteers Only)

Print legibly in blue or black ink or type in black only.

Name (last, first, MI): _____ SSN: _____
Daytime Telephone: _____ Evening Telephone: _____ Date of Birth: _____

Please complete all requested information. If more space is needed, use the additional space on the last page.

1. Are you presently a resident of the State of Illinois? Yes No

2. Have you EVER resided anywhere besides Illinois? Yes (explain below) No

Other states/countries: _____

3. Have you ever been committed to any Illinois Department of Juvenile Justice or Illinois Department of Corrections facility? Yes (explain below) No

Explain: _____

4. Have you EVER been convicted* of anything other than a minor traffic violation** as an adult? Yes (explain below) No

Sentence: _____

Offense Charged: _____ Explain: _____

Incident Date: _____

Location: _____
City State County

*convicted is defined to include a fine, conditional discharge, probation, jail sentence, periodic imprisonment, prison term, or other sentence imposed in a court of law.

**minor traffic violation is defined as a parking or speeding ticket.

5. Are you currently on court supervision or probation for any charge? Yes (explain below) No

Location: _____
City State County

Explain: _____

6. Is there any charge pending against you? Yes (explain below) No

Incident Date: _____ Explain: _____

Offense Charged: _____

Location: _____
City State County

7. Have you EVER been questioned by a law enforcement agency concerning a criminal matter not previously mentioned herein? Yes (explain below) No

Explain: _____

8. Have you EVER been convicted of a misdemeanor domestic battery charge? Yes (explain below) No

Explain: _____

9. Have you EVER been subject to an Order of Protection? Yes (explain below) No

Effective Date of Order: _____ Explain: _____
Expiration Date of Order: _____
Location: _____
City State County

10. Do you have any known relatives* or close associates** who are currently employed by or who provide services to the Department of Juvenile Justice or the Department of Corrections? Yes (indicate below) No

Name: _____
Relationship: _____
Facility: _____

Name: _____
Relationship: _____
Facility: _____

*relative means a spouse, parent, sibling, child, grandchild, grandparent, aunt, uncle, niece, nephew, and cousin, including first-blood, step, half, foster, or in-law relationships.
**close associate means any person other than a relative with whom you are currently residing or have previously resided or with whom you have or have had a close personal relationship.

11. Do you have any known relatives* or close associates** who are presently incarcerated within the Department of Juvenile Justice or the Department of Corrections or who are currently on parole, mandatory supervised release, or electronic detention? Yes (indicate below) No

Name: _____ Relationship: _____
Facility: _____ (or releasee's address) YIN#/ID#: _____

Name: _____ Relationship: _____
Facility: _____ (or releasee's address) YIN#/ID#: _____

*relative means a spouse, parent, sibling, child, grandchild, grandparent, aunt, uncle, niece, nephew, and cousin, including first-blood, step, half, foster, or in-law relationships.
**close associate means any person other than a relative with whom you are currently residing or have previously resided or with whom you have or have had a close personal relationship.

12. Have you EVER corresponded with any youth in the Department of Juvenile Justice or any offender in the Department of Corrections?

Yes (indicate below) No

Individual's Name	Relationship	Facility	YIN#/ID#
_____	_____	_____	_____
_____	_____	_____	_____

13. Have you EVER visited with any youth in the Department of Juvenile Justice or any offender in the Department of Corrections?

Yes (indicate below) No

Individual's Name	Relationship	Facility	YIN#/ID#
_____	_____	_____	_____
_____	_____	_____	_____

14. Have your visiting privileges with any youth in the Department of Juvenile Justice or any offender in the Department of Corrections EVER been suspended, denied, or terminated?

Yes (indicate below) No

Individual's Name	Relationship	Facility	YIN#/ID#
_____	_____	_____	_____
_____	_____	_____	_____

15. Are you currently residing with or have you EVER resided with any youth/offender or person on parole, mandatory supervised release, or electronic detention in the Department of Juvenile Justice or Department of Corrections?

Yes (indicate below) No

Individual's Name	YIN#/ID#
_____	_____
_____	_____

16. Are you or have you EVER been a member of or associated with a street or prison gang?

Yes (explain below) No

Name of gang: _____ Type of affiliation: _____

Dates of affiliation: From _____ to _____ Location: _____

Circumstances: _____

17. Do you have ANY tattoos?

Yes (describe below) No

Describe each tattoo: _____

18. Have you or any relative or close associate EVER been the victim of a crime for which the youth/offender was or is currently an offender in the Department of Juvenile Justice or Department of Corrections?

Yes (indicate below) No

Victim's Name: _____ Relationship: _____

Youth/Offender Name and Number if known: _____

19. Have you EVER testified against any person who was committed to a state or federal prison?

Yes (indicate below) No

Individual's Name: _____ Facility: _____

YIN#/ID#: _____

20. Have you ever previously applied for any position with the Department of Juvenile Justice or the Department of Corrections?

Yes (explain below) No

Explain: _____

21. Are you a current or former employee, student worker, intern, volunteer, or contractual employee of the Department of Juvenile Justice or the Department of Corrections?

Yes (indicate below) No

Position: _____ Facility: _____

Dates: From _____ to _____ Reason for leaving: _____

NOTE: Please complete the following. If more space is needed to complete any of the above listed questions, use the additional space on the next page.

Emergency Contact

In the event of an emergency, please contact:

Print Name Relationship

Address

Daytime Telephone Number Evening Telephone Number

OR

Print Name Relationship

Address

Daytime Telephone Number Evening Telephone Number

Screening Release and Consent

Printed Name____/____/____
Date of Birth____ - ____ - ____
Social Security Number

Authorization for Release of Certain Information: I authorize a review and full disclosure of records concerning myself to any duly authorized agent of the Illinois Department of Juvenile Justice or Illinois Department of Corrections as described in the following two paragraphs:

1. I consent to and hereby authorize a full and complete disclosure of records of educational institutions and employment and pre-employment records, excluding medical records and including background reports, efficiency ratings, and complaints filed against me. I understand that any information obtained by a personal history background investigation, that is developed directly or indirectly, in whole or in part, upon this release authorization may be considered in determining my suitability for service at the Illinois Department of Juvenile Justice or one of its contractual facilities. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability that may be incurred as a result of furnishing such information. I further release the Illinois Department of Juvenile Justice and the Illinois Department of Corrections from any and all liability that may be incurred as a result of collecting such information.

2. I authorize the Illinois State Police, the Office of the Secretary of State, the State of Illinois, and the Federal Bureau of Investigation, and any Law Enforcement Agency to release information relative to the existence or nonexistence of any criminal history record they may have concerning me to the Illinois Department of Juvenile Justice or the Illinois Department of Corrections solely to determine my suitability for service or continued service with the State of Illinois. I certify that the Illinois State Police, the Office of the Secretary of State, the State of Illinois, the Federal Bureau of Investigation, and any Law Enforcement Agency and its officers or employees who furnish this information concerning me, shall not be held accountable for giving this information and I do hereby release and hold harmless the Illinois State Police, the Office of the Secretary of State, the State of Illinois, the Federal Bureau of Investigation, and any Law Enforcement Agency their officers and employees from any and all liability that may be incurred as a result of releasing this information.

Please list any other names that you may have used on any of the aforementioned records:

Drug Testing: I understand that as part of the screening process, the Illinois Department of Juvenile Justice will conduct a background investigation in an effort to determine my suitability to provide services for the Department. I do hereby voluntarily consent to the sampling and subsequent testing of my body fluids, including urine or blood, or both. I understand that positive test results for illegal drug usage or refusal to supply the necessary samples or tampering with or attempting to tamper with or adulterate the sample in any way shall be grounds for rejection of my application for services. I further understand that the results of the testing may be utilized in conjunction with any other information developed during the screening process to determine my suitability for service. I further understand that if approved, I will be subject to random or reasonable suspicion drug testing during my term of service.

Consent to Search: I have been informed that the rules of the Illinois Department of Juvenile Justice and/or the laws of the State of Illinois (720 ILCS 5/31A) prohibit, among other things, individuals from bringing contraband into a penal institution, from placing any item of contraband in such proximity to a penal institution as to give a youth access to contraband, and from possessing contraband in a penal institution. I understand that an item of contraband includes, but is not limited, to alcoholic liquor, cannabis, controlled substances, and any instrument adapted for the use of controlled substances or cannabis, weapons, ammunition, personal pagers, and cellular telephones. I understand that this consent to search is a condition of my being permitted to enter any youth center and that any searches are for the protection, safety, and security of all persons and property within the Illinois Department of Juvenile Justice and its youth centers.

A photocopy of this release will be valid as an original thereof even though the said photocopy does not contain an original writing of my signature. I have read and fully understand the contents of the releases and consents stated herein.

Applicant's Signature_____
Date_____
Witness's Signature_____
Date