



BOYS & GIRLS CLUB
OF BLOOMINGTON-NORMAL

Volunteer Application

Personal Information

(Please Print) First Name Middle Last Name

Street Address City, State, Zip

Home Phone Cell Phone Business Phone

E-mail address Yes No
Are you at least 18 years old?

Emergency Contact Relation to you Phone Number

Have you ever volunteered with us before? (Circle one) Yes No If yes, when? _____

Ethnicity _____ Sex M ____ F ____ Marital Status _____

Availability to Volunteer			
Day of the Week	Time of Day	Season	Commitment
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> All Year	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> 3-8 weeks <input type="checkbox"/> 3-6 months <input type="checkbox"/> 6-12 months

Please indicate your desired area(s) of volunteer service:

_____ Work directly with children (i.e. play games, tutor, assist or teach a program)

_____ Assist with special events (i.e. fundraising, assist with organizing and running an event)

_____ Work directly with staff (i.e. provide administrative support, janitorial services, conduct specialized training)

_____ Other Please explain: _____

Area(s) of Interest			
Clubs' Core Program Areas	Administrative	Boards	Special Events
<input type="checkbox"/> Photography, Drawing, Sculpture, Dance, etc. <input type="checkbox"/> Leadership training, community service, etc. <input type="checkbox"/> Computer Labs, tutoring, educational games, etc. <input type="checkbox"/> Health education, conflict resolution, etc. <input type="checkbox"/> Team and individual sports, etc.	<input type="checkbox"/> Clerical Help <input type="checkbox"/> Computer Training <input type="checkbox"/> Consulting (i.e. financial analysis) <input type="checkbox"/> Graphic Design/Photography <input type="checkbox"/> Information Fair Representative	<input type="checkbox"/> Board Member <input type="checkbox"/> Committee Member	<input type="checkbox"/> Toy Box Auction <input type="checkbox"/> Golf Outing <input type="checkbox"/> National Boys & Girls Club Week <input type="checkbox"/> Day for Kids <input type="checkbox"/> Holiday parties <input type="checkbox"/> Lights On Afterschool

Have you ever been charged or convicted of a felony or misdemeanor charge or crime(s) in the past 10 years? _____ If yes, please explain _____

Have you ever been criminally charged with any crime related to the mistreatment of children? _____ If yes, please describe in full _____

READ CAREFULLY BEFORE SIGNING

I certify that the above is true and complete to the best of my knowledge. I authorize the Boys & Girls Club of Bloomington-Normal or its designees to obtain, prepare and use information concerning my current and former employment, education, general reputation, health and personal characteristics through correspondence or interviews with employers or others with whom I am acquainted or who may have knowledge concerning any of the above information. I further authorize any person so contacted regarding this application to release such information to the Boys & Girls Club or authorized agent. Furthermore, I authorize DCFS to conduct a CANTS (Child, Abuse, Neglect, Tracking System) check. I also authorize DCFS to release any pertinent information to the Boys & Girls Club of Bloomington-Normal.

Signature _____ Date _____

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

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.

_____	_____	<p align="center">Mail this request to: Department of Children and Family Services 406 E. Monroe – Station # 30 Springfield, IL 62701</p>
Signed	Date	

Please type, use bold letters or label:

<u>Boys & Girls Club of Bloomington-Normal</u>	(Agency Name)
<u>Attn: Laura Duvendack</u>	(Contact Person)
<u>1615 W. Illinois Street</u>	(Address)
<u>Bloomington, IL 61701</u>	(City/State/Zip)



(No Agency Fax Number)