



Volunteer Information Sheet

Thank you for your interest in volunteering in District 186. Please complete these forms and return to your school building or agency representative.

Today's Date _____

Name of School _____

Your Name _____

Address _____

City _____ Zip _____

Home Phone _____

Employer _____

Cell Phone _____

e-mail _____

Work Phone _____

Type of volunteer (check one)

- Mentor
- Classroom Volunteer
- Tutor
- Reading Volunteer
- Library Volunteer

Organization

- Girls on the Run
- Big Brothers/Big Sisters
- UIS student
- SIU student
- 21st Century
- Rotary
- Frontiers Int'l
- Other

(Please specify) _____

FOR OFFICE USE ONLY

Approved Date _____

Declined Date _____

*"Volunteers aren't paid, not because they are worthless,
but because they are priceless."-- Anonymous*

NAME BASED SCHOOL INQUIRY FORM FOR ILLINOIS CRIMINAL HISTORY CONVICTION INFORMATION

(Please see the reverse side for instructions on completing this form)



Transaction Control Number
FRM0730L39431571

Submitting Agency ORI - NCIC

IL							
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Submitting Agency Name

Cost Center
(Office Use Only)

A **name based** criminal history record check will be performed based on the personal identifiers submitted pertaining to the applicant. Please note, however, that a "no record" response from the ISP does not ensure that conviction information does not exist under other personal identifiers for the individual in question. Conversely, a "record" response does not ensure that the record belongs to the subject in question. It is common for criminal offenders to use false or alias names and dates of birth which may not be detected by a name based request for conviction information. To ensure that the information furnished by the ISP positively pertains to the individual in question, a Fee Applicant fingerprint card form (#ISP6-404) should be submitted. Fingerprints are the only positive means of identification. To obtain more information about submitting fingerprint card inquiries, please contact the Civil Processing Unit at the phone number appearing on the reverse side of this form.

Subject's Last Name	First Name	Middle Name
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Date of Birth

Sex	Race	Social Security Number	Drivers License Number	DL State
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Requestor's Name

Subject's Maiden Last Name	First Name	Middle Name
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Fee Amount

The code values used in the Illinois State Police name search must include valid national crime information center code values for certain fields. These fields include sex codes and race codes. The standard code values for sex codes include "M" for Male, "F" for Female, or "U" for Unknown. The standard code values for race codes include "W" for White (includes Mexicans and Latins), "B" for Black, "A" for Asian/Pacific Islander, "I" for Indian/Alaskan Native, or "U" for unknown. If your submission contains values other than the standard code values, the search results could be adversely affected.

Signature of Applicant: _____ 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

List all addresses at which you have resided in the past five years or IL addresses and the years at those addresses:

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:

Springfield Public School District #186
Erin Sturgis
1900 West Monroe
Springfield, IL 62704

(Agency Name)
(Contact Person)
(Address)
(City/State/Zip)
(Submitting Agency Fax Number):



217-525-3005