

PERSONAL REFERENCES

Please list three personal references of individuals who have known you for at least three years (do not include relatives).

1. _____
 Name _____

Address _____ City _____ State _____ Zip _____

Telephone Number _____ Relationship _____

2. _____
 Name _____

Address _____ City _____ State _____ Zip _____

Telephone Number _____ Relationship _____

3. _____
 Name _____

Address _____ City _____ State _____ Zip _____

Telephone Number _____ Relationship _____

RELATED EXPERIENCE

Please list any agency, organization or volunteer activity in which you have participated that may be relevant to your service with this organization. Exclude organizational names, which indicate race, color, religion, sex, or national origin.

Agency/Organization _____

Address _____ City _____ State ____ Zip _____

Phone # _____ - _____ - _____ Director's Name _____

Dates of Service: From _____ To _____

Volunteer Duties _____

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Agency/Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Director's Name \_\_\_\_\_

Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_

Volunteer Duties \_\_\_\_\_

**RELATED EXPERIENCE, continued**

Agency/Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Director's Name \_\_\_\_\_

Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_

Volunteer Duties \_\_\_\_\_

**CRIMINAL HISTORY**

Have you ever been convicted of a felony? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, when? \_\_\_\_\_ Explain: \_\_\_\_\_

Have you ever been convicted of a misdemeanor categorized as a "sex offense"? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, when? \_\_\_\_\_ Explain: \_\_\_\_\_

Have you ever been convicted of a misdemeanor categorized as a "controlled substance offense"? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, when? \_\_\_\_\_ Explain: \_\_\_\_\_

Have you ever been indicated for child abuse and/or neglect? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, when? \_\_\_\_\_ Explain: \_\_\_\_\_

**VOLUNTEER'S CERTIFICATION AND AGREEMENT: PLEASE READ CAREFULLY**

I HEREBY CERTIFY that all statements made herein are true and correct to the best of my knowledge and authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information regarding this application. I understand that, if I am accepted as a volunteer, falsified statements on this application shall be considered cause for dismissal.

In order to be considered to volunteer at the Boys and Girls Club of Danville, I further consent to and must successfully pass mandatory drug screening.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Volunteer



Boys & Girls Club of Danville  
 Mervis Unit  
 850 North Griffin Street  
 Danville, IL 61832-3306  
 Phone: 217.446.4315  
 Fax: 217.446.6885  
 www.bgcdnv.org

**CLASSIFIED AUTHORIZATION  
 FOR BACKGROUND CHECK**

I, \_\_\_\_\_ authorize the *Boys & Girls Club of*  
Name of Volunteer (Please Print)

*Danville* to conduct a background investigation to determine whether I have ever been charged with a crime and, if so, the disposition of those charges.

I further authorize the Danville Police Department or any and all local, county, federal or state law enforcement agencies, and the Department of Children and Family Services (DCFS) to assist in this background investigation and provide the *Club* with pertinent information in regard to my contact with the law.

This Authorization for Background Check is given as part of my Screening/Volunteer Application process required to become a volunteer of the *Boys & Girls Club of Danville* and is limited to that purpose.

I understand that by signing this Authorization for Background Check, I am approving the release of otherwise confidential information. Further, I can make no claims against the *Boys & Girls Club of Danville*, Department of Children and Family Services, (DCFS), nor the Danville Police Department or any and all local, county, federal or state law enforcement agencies in terms of breach of confidentiality.

\_\_\_\_\_  
 Current Address

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

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Mo. Day Year

Telephone No. (\_\_\_\_) \_\_\_\_\_

Race: \_\_\_\_\_

Social Security No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Sex: (M) \_\_\_\_ (F) \_\_\_\_

Driver's License No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - - - - -

State Issued \_\_\_\_\_

\_\_\_\_\_  
 Signature of Volunteer

\_\_\_\_\_  
 Signature of Executive Director

~~~~~  
 Subscribed to before me this _____ day of _____, 20 _____.

 Signature of Notary Public

SEAL

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.

Signed _____ Date _____

Please type, use bold letters or label:

Boys & Girls Club of Danville
Robert M. Gifford/Denton Hird
850 N. Griffin Street
Danville, Illinois 61832

(Agency Name)

(Contact Person)

(Address)

(City/State/Zip)

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



BGC of Danville, IL Volunteer Liability Release Form

In consideration of my desire to serve as a volunteer in programs, events, field trips and all other volunteer opportunities to be conducted by the Boys & Girls Club of Danville, IL, I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in any voluntary activity of any nature, including the use of equipment and facilities of the Boys & Girls Club of Danville, IL.

Further, I, for myself and my heir, executors, administrators and assigns, hereby release, waive and discharge the Boys & Girls Club of Danville, IL and its officers, directors, employees, agents, partners and volunteers of and from any and all claims which I or my heirs, administrators and assigns ever may have against any of the above for, on account of, by reason of or arising in connection with such volunteer activities or my participation therein, and hereby waive all such claims, demands and causes of action.

Further, I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Illinois, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I currently have no known mental or physical condition that would impair my capability for full participation as intended or expected of me.

Further, I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own, free act.

Date: _____ Signature: _____ Print Name: _____

BGC of Danville, IL Performance Authorization, Release, and Waiver of Liability

In consideration of the permission granted to me by the Boys & Girls Club of Danville IL, as a volunteer, to participate and/or have my video, audio, photographic and other copyrighted materials used (hereinafter referred to, collectively, as "My Participation") in all volunteer activities and programs , I hereby release the Boys & Girls Club of Danville, IL, its Board of Directors, their officers, employees and agents as well as all partners, from all actions, damages, or claims which I or my assigns may have against them which may be incurred as a result of My Participation in the above-described programs or activities.

Further, I agree to indemnify and hold harmless the Boys & Girls Club of Danville, IL, its Board of Directors, their officers, employees and agents as well as all partners from any liability, loss or expenses arising from any claim or litigation that My Participation in the programs or activities including my statements or actions, or material furnished by me violated or infringed the rights of third parties.

I authorize the use of my name, voice, photograph, likeness, performance and/or biography by its Board of Directors, their officers, employees and agents as well as all partners in connection with any use of a product arising out of My Participation in the above-described programs or activities. I authorize the Boys & Girls Club of Danville, IL to obtain and hold copyrights in such programs and products, and to edit my performance and materials in its sole discretion.

I understand that the Boys & Girls Club of Danville, IL or its partners has no obligation to air the programs or activities, and that I will receive no monetary compensation for the rights granted herein. I understand and affirm that this Authorization and Release shall be considered consent to such use by the Boys & Girls Club of Danville, IL.

I, the undersigned, am at least 18 years of age or I am the parent or guardian of a participant who is less than 18 years of age. I have read this Performance Authorization, Release, and Waiver of Liability and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Signature of Participant

Date

Witness

Printed Name

Signature of Guardian

Date

Witness

Printed Name