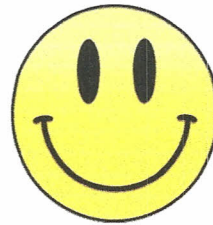


# PERMANENT HELPERS



Parents who volunteer on a regular basis (1 day per week), receive reduced tuition for their child. They also benefit our teachers and program by adding continuity to the individual classrooms in which they volunteer. If you are interested in joining our dedicated group of permanent helpers next fall, please fill out the form below and return it to Rachel Budko. This is a year long obligation and we value your commitment. It is preferred that you do not volunteer permanently in your own child's classroom.

NAME: \_\_\_\_\_

DAY I WOULD LIKE TO VOLUNTEER: \_\_\_\_\_

CLASSROOM: \_\_\_\_\_

**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

<b>Submit by mail OR fax OR email.</b>
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

If Volunteering for Mother's Day Out (MDO), Child's name and relationship to child \_\_\_\_\_  
\_\_\_\_\_

Contact Information- please use print or bold type:  
St. Paul UCC Mother's Day Out Pre-School  
Rachel Budko, Director rachelmdo@stpaulucc.org  
115 West B Street, Belleville, IL 62220

# Disclosure Form

## Acknowledgement of Policy

I hereby acknowledge that I have received and read the St. Paul United Church of Christ Guidelines for Working With Children and Youth (available in the Church office).

I agree to conform to the rules outlined in this Policy as well as future communications from MDO Director, the Pastor(s) or the Church Council.

It is also understood that the Church may make changes at any time without prior notice, as it deems necessary.

NAME (please print): \_\_\_\_\_

Primary position or volunteer activity (Volunteer, Sunday School, youth group, etc.)

\_\_\_\_\_

## Background Information

I have never been found guilty, pled guilty or no contest to a criminal charge.

\_\_\_\_\_ True \_\_\_\_\_ Not True

If not true, give a short explanation of the charge(s). Please indicate the date, nature, and place of the incident leading to the charge(s); where the charge(s) was filed; and the precise disposition of the charge(s).

\_\_\_\_\_

\_\_\_\_\_

No civil lawsuit alleging actual or attempted sexual discrimination, harassment, exploitation, or misconduct; physical abuse; child abuse; or financial misconduct has ever resulted in a judgement being entered against me, been settled out of court, or been dismissed because the statute of limitations has expired. \_\_\_\_\_ True \_\_\_\_\_ Not True

If not true, give a short explanation of the charge(s). Please indicate the date, nature, and place of the incident leading to the charge(s); where the charge(s) was filed; and the precise disposition of the charge(s).

\_\_\_\_\_

\_\_\_\_\_

I have never terminated my employment, professional credentials, or service in a volunteer position or had my employment, professional credentials, or authorization to hold a volunteer position terminated for reasons relating to allegations of actual or attempted sexual discrimination, harassment, exploitation, or misconduct; physical abuse; child abuse; or financial misconduct.

\_\_\_\_\_ True \_\_\_\_\_ Not True

If not true, give a short explanation. Please indicate the date of termination; name, address, and telephone number of employer or volunteer supervisor, and nature of the incident(s) leading to your termination.

SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_