



2021 Day of Action –Mock Interview Event

Thank you so much for your interest in volunteering for this inaugural event! We are excited for this partnership and are happy to bring this real world experience to area students through our partnership with the AVID Department at District 186.

As we will be interviewing minors in Zoom Breakout Rooms, all volunteers must receive a full background check through District 186.

The following forms must be completed, printed, then signed.

In addition to the attached forms, you must also include a copy of your State ID. A placeholder page has been created for your convenience.

We appreciate you taking the extra steps to support the safety of our local children.

STEP BY STEP CHECKLIST

- Complete the event registration on Get Connected
- Acknowledge the UWCIL Day of Action Waiver Form Online
- Complete the Volunteer Form Packet
 - Springfield District 186 Volunteer Information Sheet
 - Criminal Background Check Form
 - **YOU DO NOT NEED TO PROVIDE YOUR SOCIAL SECURITY NUMBER**
 - DCFS CANTS form
- Print off the form packet
- Sign the background check and CANTS form with pen (no digital signatures)
- Take a picture/make a copy of your state ID and include it with your forms (front only).
- Please scan and email the completed forms and your picture of your ID to mbaker@uwcil.org –or-drop off at our office at 1999 Wabash Ave, Suite 107 (62704).
- Please complete by Thursday, April 8, 2021
- You will receive an e-mail with further instructions and guidance for how to conduct your mock interviews in mid-April.

All forms will be collected by United Way and turned into the School District for background check purposes. All information will be shredded after submission through protected shred services.



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 Springfield High School, Southeast High School, Lanphier High School _____

Your Name _____

Address _____

City _____ Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Email Address _____

Type of Volunteer (*check one*)

- Mentor
- Classroom Volunteer (virtual, one time with UWCIL)
- Tutor
- Reading Volunteer
- Library Volunteer
- Coach (specify) _____

Organization

- Girls on the Run
- Big Brothers/Big Sisters
- UIS Student/ SIU Student
- Compass
- 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

Submitting Agency Name

IL

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

Date of Birth

Sex

Race

Social Security Number

Drivers License Number

DL State

Requestor's Name

Subject's Maiden Last Name

First Name

Middle Name

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: / /

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.

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

Signed Date

Please type, use bold letters or label:

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

PICTURE OF FRONT OF STATE ID