

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.

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:

Chicago Botanic Garden – Master Gardener Unit

Jill Selinger

(Contact Person)

1000 Lake Cook Rd.

(Address)

Glencoe, IL 60022

(City/State/Zip)

847-835-6865

(Submitting Agency Fax Number)





UNIVERSITY OF ILLINOIS
EXTENSION

County: CBG Unit
 Requestor's Name: Jill Selinger
 Requestor's Email: jselinger@chicagobotanic.org

CONVICTION INFORMATION NAME CHECK REQUEST FOR VOLUNTEERS

Last Name: _____
 First Name: _____
 Middle Initial: _____
 Date of Birth:
 Month Day Year

Sex: "M" for Male
 "F" for Female
 "U" for Unknown

Race: "W" for White (includes Mexicans and Latins)
 "B" for Black
 "A" for Asian/Pacific Islander
 "I" for Indian/Alaskan Native
 "U" for Unknown

I authorize University of Illinois Extension to provide the above information to Illinois State Police for a Conviction Information Check. I verify that the information provided is accurate. I understand any false information may be sufficient grounds for rejection or dismissal.

Signed _____ Date _____

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