



# VOLUNTEER APPLICATION

If you need an accommodation to complete this application, please call the Administrative Office at 630-665-4710.

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

Name \_\_\_\_\_  
Last First Middle

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

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Have you ever volunteered with the Wheaton Park District in the past? Yes No What year(s)? \_\_\_\_\_

Have you ever been convicted of, or have been found to be, a child sex offender? Yes No

*(Per Illinois Statute 70ILCS 1205/8-23a, if convicted of, or found to be a child sex offender while currently volunteering, you shall immediately disclose the conviction or finding to the Human Resource Dept.)*

Have you been convicted of a felony or a misdemeanor involving dishonesty, criminal sexual conduct, assault or battery, or any criminal drug statute? Yes No

*(Do not report any conviction which has been expunged, sealed, or impounded. Conviction will not necessarily disqualify applicant from volunteering.)*

If yes, please provide the year of conviction, the jurisdiction of the conviction, and the nature of the conviction.

**As a responsible public agency which respects each person's safety and well-being, the Wheaton Park District will conduct a confidential background check of all potential volunteers.**

<b>Volunteer Interest (Please check all that apply)</b>	Your age range:	14-15	16-17	18 & over
Coach or Assistant Coach for:				
Baseball	Football	Fall Soccer	Winter Basketball	
Girl's Softball	Peewee Soccer	Spring Soccer	Fall Basketball	
Swim Team	Indoor Soccer	Wrestling	Other: _____	

Name of your child you would like to coach/assistant coach: \_\_\_\_\_ Age: \_\_\_\_\_

Additional comments or information: \_\_\_\_\_

***By signing this application, you indicate that you are willing and able to complete any necessary training for the volunteer position.***

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained and information requested in this volunteer application as may be necessary to arrive at a decision. I also understand that in the event of my acceptance as a volunteer, I may be subject to disqualification for any false or misleading statements or material omissions made in connection with my application regardless of when discovered. I understand also that I am required to abide by all rules and regulations of the Wheaton Park District.

I further release the officers, agents, and employees of both the Park District from any liability arising from disclosure of information obtained in an investigation and criminal background check.



***Signature of Applicant***

*Date*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(required for minor under the age of 18 years old)

**Turnover – To complete other side**

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Volunteer for (sport or league): \_\_\_\_\_ Phone: \_\_\_\_\_

**WHEATON PARK DISTRICT  
STATEMENT ON CRIMINAL BACKGROUND CHECKS  
WAIVER AND RELEASE OF ALL CLAIMS FORM**

Please read this form carefully and be informed that, by agreeing to allow the Wheaton Park District to investigate your background with the Illinois Department of State Police, you will be waiving and releasing all claims for damages that you might sustain as a result of the criminal background check and review.

The Illinois Uniform Conviction Act, (20 ILCS 2635/1 et. seq.) authorizes employers to obtain conviction information collected and maintained by the Illinois Department of State Police, subject to certain restrictions. Per the Illinois Park District Code, each prospective employee or volunteer will be asked to execute a release authorizing the Wheaton Park District to conduct a criminal background investigation. (70 ILCS 1205/8-23). The Park District will provide the prospective employee/volunteer with a copy of the response from the Illinois Department of State Police. If the information received from the Illinois Department of State Police is incomplete or contains inaccuracies, the prospective employee/volunteer must notify the Wheaton Park District within seven days of his/her receipt of the response. If the employee/volunteer wants to challenge any information in the response, he/she must contact the Illinois Department of State Police. Please note that by law, the Park District is prohibited from knowingly employing an individual who has been convicted of committing certain offenses as set forth in Section 8-23(a) of the Illinois Park District Code.

Subject to the restrictions of the Illinois Uniform Conviction Act, the Wheaton Park District also reserves the right to conduct periodic criminal background checks of all employees and volunteers associated with the Park District.

I hereby authorize the Wheaton Park District to request, and I consent to the release of personal conviction information collected and maintained by the Illinois Department of State Police. I further authorize the Wheaton Park District, and/or its agent, to request such information now, or at any time during my employment or volunteerism with the Wheaton Park District.

I understand that I will be provided a copy of the response issued by the Illinois Department of State Police, and that if the information shown in the response is inaccurate or incomplete, I must notify the Wheaton Park District within seven (7) days of the receipt of the response. I further understand that if I wish to challenge the information in the response, I must contact the Illinois Department of State Police.

In consideration of the Wheaton Park District accepting my application and considering me for employment or as a volunteer, I hereby agree to waive and relinquish all claims, suits or proceedings which I or any person asserting a claim on my behalf may have against the Wheaton Park District and its officers, agents, servants, and employees, in any way related to the criminal background check.

I have read and fully understand this Waiver and Release of All Claims.

**SIGN HERE**  


**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**PLEASE COMPLETE THE BOXES BELOW**

**NOTE: Your Social Security Number is not required at this time, however, you agree to provide your SSN if the Wheaton Park District finds it necessary to complete your background check.**

Last Name		First Name		Middle Name	
Street Address		City		State	Zip
Date of Birth	Gender <sup>(1)</sup>	Race <sup>(1)</sup>	Driver's License Number		DL State

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(required for minor under the age of 18 years old)**

<sup>(1)</sup> The standard code values for gender 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.



**ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS**

I, \_\_\_\_\_, understand that when I signed up as a  
(Name)

Volunteer, I will become a mandated reporter under the Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse and neglect Hotline number at 1-800-25-ABUSE (1-800-252-2873) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I understand that in an effort to help mandated reporters understand their critical role in protecting children by recognizing and reporting child abuse/neglect, DCFS administers an online training course entitled **Recognizing and Reporting Child Abuse: Training for Mandated Reporters**, available 24 hours a day, seven days a week.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under, but not limited to, the following acts: the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

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

\_\_\_\_\_  
Date

CANTS 22  
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**Office of the Director**  
**406 E. Monroe Street • Springfield, Illinois 62701**  
**www.DCFS.illinois.gov**