



UNIVERSITY OF ILLINOIS
EXTENSION

College of Agricultural, Consumer and Environmental Sciences

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Name of Subject

Parent or Guardian's Name

Address

Address

City State Zip

City State Zip

Subject's Signature

Parent or Guardian Signature
(If subject is a minor)

Date

Date

INDICATE VOLUNTEER AREA:
 4-H / Youth _____
 Master Gardener _____
 Master Naturalist _____
 Money Mentor _____
 OTHER: _____

I ILLINOIS Extension

Office use Only
 Int _____
 Ref _____
 DCFS _____
 Convictions _____
 RSO _____
 Driver _____
 Approve _____

CONFIDENTIAL INFORMATION
U of I EXTENSION VOLUNTEER APPLICATION
 (To be completed by Master Gardener volunteers in University of Illinois Extension)

Name: _____ E-mail: _____
 Last First Middle

Address _____
 Street City State Zip

Date of birth: _____ Phone: Day _____ Evening _____ Best time to call _____
 Month/Day/Year

Race (select 1 or more): _____ White _____ Black/African American _____ American Indian/Alaskan Native _____ Asian _____
 Native Hawaiian/Pacific Islander _____ 2 or more races _____ Other race _____

Ethnicity (select 1): _____ Hispanic or Latino _____ Not Hispanic or Latino

Gender: Male _____ Female _____

Residence: _____ Town under 10,000 or rural non-farm _____ Town/City of 10,000-50,000 _____ Farm _____ Suburbs of a city of over 50,000 _____ City with population over 50,000

REFERENCES: OPTIONAL- List three persons we may contact who have definite knowledge of your qualifications representing personal character, employment, or volunteer-related work. Include complete addresses. **Make sure to indicate if the letter should be in Spanish.**

Personal/Character Reference:

NAME: _____ Phone: _____

ADDRESS: _____ Spanish Letter? _____ YES
 Street, R.R. #, Box #, Apt # City State Zip

Work or Volunteer Reference:

NAME: _____ Phone: _____

ADDRESS: _____ Spanish Letter? _____ YES
 Street, R.R. #, Box #, Apt # City State Zip

Family Member Reference:

NAME: _____ Phone: _____

ADDRESS: _____ Spanish Letter? _____ YES
 Street, R.R. #, Box #, Apt # City State Zip

Will you be driving a motor vehicle as part of your volunteer agreement? Yes _____ No _____ If yes, a copy of your valid driver's license and proof of liability insurance must be on file in the University of Illinois Extension Unit Office.

BACKGROUND SCREENING INFORMATION:

Have you ever been convicted of a criminal offense? Yes _____ No _____ If yes, please attach a sheet to explain. A conviction will not necessarily disqualify an application. A conviction will be considered as it relates to the specifics of the position for which you have applied.

Have you lived in another state other than Illinois in the last seven years? Yes _____ No _____ If yes, please attach a separate sheet indicating state where you have lived during the last seven years including dates.

I, authorize the University of Illinois to conduct a criminal conviction background check, a DCFS Child Abuse and Neglect Tracking System (CANTS) background check, the national Sex Offender Register, and other sources as necessary.

I understand that I must be officially accepted before beginning my volunteer position. I understand that misrepresentation or omission of facts requested in this application is cause for rejection as an Extension volunteer. I agree to fulfill the responsibilities of this volunteer position to the best of my ability if appointed. I understand that failure to comply with the rules may lead to dismissal from this volunteer position.

Further, I agree to complete Protection of Minors training mandated by University of Illinois Extension and to follow any rules related to the University's Protection of Minors Policy, including mandated reporting to the University of Illinois Police Department (217-333-1216) and a University of Illinois Extension employee of the unit for which I am volunteering (e.g., County Director).

Signature: _____ Date: _____

MASTER GARDENER/MASTER NATURALIST VOLUNTEER QUESTIONS:

Why do you want to become a University of Illinois Extension Master Gardener/Master Naturalist?

Have you had any previous affiliations with the University of Illinois and/or Extension? Yes_____ No_____

Are you available for classroom training during regular daytime business hours? Yes_____ No_____

Are you available to volunteer time during regular daytime business hours? Yes_____ No_____

Are you employed? Yes_____ No_____

Have you been in another Master Gardener/Master Naturalist program? Yes_____ No_____ If so, where and when:

Have you been a volunteer in another Extension program? Yes_____ No_____ If so, where and when:

Describe your present and previous work experience: (List current or most recent experience first.)

EMPLOYER	JOB TITLE	YEARS

Describe volunteer roles with any other community groups: (List current or most recent experience first.)

ORGANIZATION	VOLUNTEER ROLE	YEARS

List skills, training and education:

There are many opportunities for volunteering in different programs. At this time you may be unsure about how you may volunteer. Please check all activities that interest you:

- _____ Talk to children about natural areas, environmental issues, conduct workshops, or interpretive tours with youth
- _____ Help develop/maintain demonstration areas
- _____ Assist with area restorations, plant control, collection of native seeds, plant propagation
- _____ Serve on programming or advisory committee
- _____ Assist with inventories
- _____ Serve as reference librarian
- _____ Write newsletter articles or news releases
- _____ Other _____

If you are accepted into the Master Gardener/Master Naturalist Program and you successfully complete the minimum hours of training, do you agree to fulfill the required hours of volunteer service in approved activities within 2 years following? Yes_____ No_____



County: Fulton-Mason-Peoria-Tazewell
Requestor's Name: Christine Belless
Requestor's Email: cbelless@illinois
County Director: Earl Allen
Volunteer Program: Master Naturalist

CONVICTION INFORMATION NAME CHECK REQUEST FOR VOLUNTEERS

Please list your legal name as it appears on your driver's license.

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 Latinos)
"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 _____

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:

309-547-3713
cbelless@illinois.edu

(Submitting Agency Fax Number)
(Submitting Email Address)

University of Illinois Extension Fulton-Mason-Peroia-Tazewell
Christine Belless
15411 N IL 100 Highway
Lewistown, Illinois 61542

(Agency Name)
(Contact Person)
(Address)
(City/State/Zip)

