

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

Employee:
Volunteer:

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 5 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 release of this information to the agency listed below.

Signed Date signed

*Parent /Guardian signature Date of Birth Date signed

* A parent/guardian signature with his/her date of birth is required for the completion of this form for an employee/volunteer who is under the age of 18.

Mail this request to:

**Naperville Park District Volunteer Coordinator
320 W. Jackson Ave.
Naperville, IL 60540**



**Naperville Park District
320 W. Jackson Ave.
Naperville, IL 60540
FAX: 630-848-5001**

Start date: _____
Position: _____
Supervisor: _____