



DELTA SIGMA THETA YOUTH INITIATIVES VOLUNTEER INFORMATION

The Bloomington-Normal Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated, welcomes volunteers to support our youth initiatives. Upon approval of the committee chair and completion of the volunteer application process, youth initiative volunteers will assist with the organization, implementation and supervision of youth initiative programs.

Volunteer Qualifications:

1. Volunteers must be adults (i.e., aged 18 years of age or older).
2. Volunteers must complete the full application packet and pass the background check before attending a session.
**Delta Academy and Delta GEMS volunteers must also complete the Boys and Girls Club of Bloomington-Normal volunteer application and CANTS form, in addition.*
3. Volunteers are expected to be actively involved during youth initiative meetings.
4. Volunteers should demonstrate good communication and interpersonal skills.

Purpose and Responsibilities:

1. Volunteers may be asked to call or mail flyers to remind participants about upcoming events.
2. Volunteers may be asked to teach a lesson during a youth initiative meeting.
3. Volunteers may be asked to provide supervision of youth during youth initiative meetings or outings.

Time Commitment

1. Volunteers are expected to attend at least 2 of the program sessions each year.
2. Volunteers should plan to work a 1-hour shift during each 3-hour session he or she attends.

For questions or concerns, please contact the Bloomington-Normal Alumnae Chapter Risk Manager via email at RiskManager@dstbloomington-normal.org.

DELTA SIGMA THETA YOUTH INITIATIVES VOLUNTEER APPLICATION

Applicant Name: _____
(print)

I. ELIGIBILITY CHECKLIST

All volunteers must meet minimum eligibility requirements to be considered for participation in the Bloomington-Normal Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated's Youth Initiative Program.

Please mark the box Yes or No next to each of the following:

- Yes No 1. Are you at least 18 years of age?
- Yes No 2. Are you willing to attend a training course about Delta's policies and procedures governing its youth initiatives and to keep current on updated policies?
- Yes No 3. Do you agree to complete the screening procedure as outlined on the next page in Section II?
- Yes No 4. Have you ever been accused of, arrested for, charged with, or convicted of child abuse or molestation, or of substance abuse or distribution, or have you been involved with or connected to others involved with handling dangerous weapons?
- Yes No 5. Have you been accused, arrested, charged or convicted of any crime involving a youth?
- Yes No 6. Have you been convicted of a misdemeanor, not including driving or traffic offenses?
- Yes No 7. Have you been convicted of a felony?
- Yes No 8. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance or care of young people?
- 9. If you answered yes to questions 4, 5, 6, 7 or 8 above, please explain:

II. SCREENING PROCEDURE

It is the policy of Delta Sigma Theta Sorority, Incorporated that each potential volunteer in any of its youth initiatives programs complete a screening procedure. As part of the screening procedure, you will be required to:

1. Complete this written application;
2. Consent to a background investigation, which may include a review of: (a) criminal history, (b) child abuse registry, (c) sexual offender registry, (d) school records and transcripts, and (e) employment history;
3. Provide two personal references; and
4. Complete a personal interview.

III. PERSONAL INFORMATION

Applicant Name: _____
(Last) (First) (Middle)

Previous last names (maiden, previous married, etc.): _____

List any aliases or other names used: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Email: _____ Date of Birth: ____/____/____

Current Driver's License No. _____ State: _____

Please list any other cities, states, and dates of residency during the past 10 years.

City, State	From (mm/yy)	To (mm/yy)

PERSONAL REFERENCES

Please list the names, addresses, and phone numbers of two people you would like to use as character references (only people you have known for at least one year). Any information Delta Sigma Theta Sorority, Incorporated gathers from these references will be treated confidentially and will not be released to you, the applicant

Applicant Name: _____
(print)

REFERENCE 1

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Relationship: _____

How long known: _____

REFERENCE 2

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Relationship: _____

How long known: _____

INFORMATION RELEASE

I, _____, understand it may be necessary for the
(print)

Bloomington-Normal Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated (“Chapter”) to conduct a background check regarding my criminal history and personal references.

I authorize Chapter to obtain any needed information regarding my legal/criminal history and character references from any state (my current state of residence or any previous state in which I have resided) or federal agency and/or personal references, for the purposes of my participating as a volunteer in Delta’s youth initiatives.

If I am chosen as a volunteer and agree to serve for more than one year, I authorize Chapter to conduct on an annual basis any background check it deems necessary.

Signature: _____

Date: _____

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**BOYS & GIRLS CLUB
OF BLOOMINGTON-NORMAL**

Volunteer Application

Personal Information

(Please Print) First Name Middle Last Name

Street Address City, State, Zip

Home Phone Cell Phone Business Phone

E-mail address Yes No
Are you at least 18 years old?

Emergency Contact Relation to you Phone Number

Have you ever volunteered with us before? Yes No If yes, when? _____

Ethnicity _____ Sex M ____ F ____ Marital Status _____

Availability to Volunteer

Day of the Week	Time of Day	Season	Commitment
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> All Year	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> 3-8 weeks <input type="checkbox"/> 3-6 months <input type="checkbox"/> 6-12 months

Please indicate your desired area(s) of volunteer service:

_____ Work directly with children (i.e. play games, tutor, assist or teach a program)

_____ Assist with special events (i.e. fundraising, assist with organizing and running an event)

_____ Work directly with staff (i.e. provide administrative support, janitorial services, conduct specialized training)

_____ Other Please explain: _____

Area(s) of Interest			
Clubs' Core Program Areas	Administrative	Boards	Special Events
<input type="checkbox"/> Photography, Drawing, Sculpture, Dance, etc. <input type="checkbox"/> Leadership training, community service, etc. <input type="checkbox"/> Computer Labs, tutoring, educational games, etc. <input type="checkbox"/> Health education, conflict resolution, etc. <input type="checkbox"/> Team and individual sports, etc.	<input type="checkbox"/> Clerical Help <input type="checkbox"/> Computer Training <input type="checkbox"/> Consulting (i.e. financial analysis) <input type="checkbox"/> Graphic Design/Photography <input type="checkbox"/> Information Fair Representative	<input type="checkbox"/> Board Member <input type="checkbox"/> Committee Member	<input type="checkbox"/> Toy Box Auction <input type="checkbox"/> Golf Outing <input type="checkbox"/> National Boys & Girls Club Week <input type="checkbox"/> Day for Kids <input type="checkbox"/> Holiday parties <input type="checkbox"/> Lights On Afterschool

Have you ever been charged or convicted of a felony or misdemeanor charge or crime(s) in the past 10 years? _____ If yes, please explain _____

Have you ever been criminally charged with any crime related to the mistreatment of children? _____ If yes, please describe in full _____

Please describe why you feel qualified for the volunteer services you are offering. (i.e. Special skills, interest, etc.) _____

READ CAREFULLY BEFORE SIGNING

I certify that the above is true and complete to the best of my knowledge. I authorize the Boys & Girls Club of Bloomington-Normal or its designees to obtain, prepare and use information concerning my current and former employment, education, general reputation, health and personal characteristics through correspondence or interviews with employers or others with whom I am acquainted or who may have knowledge concerning any of the above information. I further authorize any person so contacted regarding this application to release such information to the Boys & Girls Club or authorized agent. Furthermore, I authorize DCFS to conduct a CANTS (Child, Abuse, Neglect, Tracking System) check. I also authorize DCFS to release any pertinent information to the Boys & Girls Club of Bloomington-Normal.

Signature _____ Date _____

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.

(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.

Signed Date

<p>Mail this request to: Department of Children and Family Services 406 E. Monroe – Station # 30 Springfield, IL 62701</p>

Please type, use bold letters or label:

<u>Boys & Girls Club of Bloomington-Normal</u>	(Agency Name)
<u>Attn: Darrelynn Dunn</u>	(Contact Person)
<u>1615 W. Illinois Street</u>	(Address)
<u>Bloomington, IL 61701</u>	(City/State/Zip)



(No Agency Fax Number)