

ASSISTANT COACH\ SQUAD LEADER

APPLICATION

HARLEM COMMUNITY CENTER

900 ROOSEVELT ROAD, MACHESNEY PARK, IL 61115

(please type or print)



"To provide a positive environment for all people to grow."
Machesney Park, IL 61115

DATE _____

NAME _____ EMPLOYED BY _____
(LAST) (FIRST) (M.I)

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE # _____ WORK/CELL# _____ SHIRT SIZE _____

EMAIL ADDRESS _____

PLEASE PLACE AN "X" NEXT TO THE ACTIVITY WHERE YOU WOULD LIKE TO VOLUNTEER:

BASKETBALL

Pre-K/Kinder. _____
1st/2nd Boys _____
1st - 3rd Girls _____
3rd/4th Boys _____
4th - 6th Girls _____
5th/6th Boys _____
7th - 10th Girls _____
7th - 10th Boys _____

SOFTBALL\BASEBALL

Co-Rec T-Ball (4-6) _____
Coach Pitch B/G (6-8) _____
Pee Wee Girls (9-10) _____
Pee Wee Boys (9-10) _____
Midget Girls (11-13) _____
Midget Boys (11-12) _____
Galaxy Girls (14-17) _____
Junior Boys (13-15) _____

CHEERLEADING

Pre-K/Kinder. _____
1st/2nd Grad _____
3rd/4th Grade _____
5th-8th Grade _____

VOLLEYBALL _____

ENTER THE NAME OF THE HEAD COACH\HEAD SQUAD LEADER'S NAME THAT YOU WILL BE HELPING: _____

FIRST YEAR ASSISTANT COACHES\ SQUAD LEADERS MUST PROVIDE THREE REFERENCES IN THE SPACES BELOW). PLEASE INCLUDE ALL INFORMATION REQUESTED.

1. NAME _____

ADDRESS _____ CITY _____ ZIP _____

2. NAME _____

ADDRESS _____ CITY _____ ZIP _____

3. NAME _____

ADDRESS _____ CITY _____ ZIP _____

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.

Signed Date

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

Please type, use bold letters or label:

_____	(Submitting Agency Fax Number)
admin@harlemcommunity.org	(Submitting Email Address)
Harlem Community Center	(Agency Name)
Michelle Vronch	(Contact Person)
900 Roosevelt Rd	(Address)
Machesney Park, IL 61115	(City/State/Zip)

Print Form