

Adult Sponsor/Volunteer Registration with Background Check

PLEASE PRINT CLEARLY AND LEGIBLY

For persons age 18 and over.

Please return this form to the IGRC Camping Office, P.O. Box 19207, Springfield, IL, 62794-9207

Information for Registration and National Criminal Background Check					
Today's Date:		*Birth Date:		*Email:	
Full Name:	*Last (required)	*First (required)		*Full Middle Name (required - not initial)	
Generation Suffix: <input type="checkbox"/> Sr. <input type="checkbox"/> Jr. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> Other:					Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Other Last Name:					
Other First Name:					
*Social Security #: (required for background check)					
Home phone:		Cell:			
*Current Address		*Physical Street Address (required)			Apartment/Unit #
*City (required)		*State (required)	County	*Zip code (required)	
Previous Address	Physical Street Address			Apartment/Unit #	
City	State		County	Zip code	
Previous Address	Physical Street Address			Apartment/Unit #	
City	State		County	Zip code	
Previous Address	Physical Street Address			Apartment/Unit #	
City	State		County	Zip code	

Information for Motor Vehicle Background Check		
<i>Complete this section only if you will be driving a church vehicle or transporting minors in any vehicle</i>		
Driver's License #	Issued by: (State)	Expiration Date:

As a condition of consideration for participation in the **Camping, Retreat, and Youth Ministry** of the Illinois Great Rivers Conference (IGRC), the IGRC may obtain a background report that includes, but is not limited to employment and education verifications, social security verification, criminal and civil history, any other public records and any other information bearing on your character, general reputation, personal characteristics and trustworthiness.

Your full name (with middle name), Social Security Number, birth date, and email are required in order for the national criminal background check to be completed. The national criminal background check includes, but is not limited to national, state, and county sex offender registries; Departments of Corrections; Administrative Offices of the Courts; state specific criminal record repositories; and individual county courts. Depending on the job description, a driver's license check may be required.

I hereby authorize and consent to the IGRC's procurement of a national criminal background check. I understand that, pursuant to the federal Fair Credit Reporting Act, IGRC will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment, contractual arrangement or volunteer opportunities with the IGRC. I further understand that in compliance with the FCRA Article 613, an email address and mailing address are required by each applicant in order for Camp Background Checks to be able to send a consumer copy of any criminal records returned. This background check requires my Social Security Number and birth date. In the case of a driver's license background check, my driver's license number is required.

Signature _____ Name (clearly printed) _____ Date _____

Witnessed by _____ Date: _____

Name: _____

Other Event and Volunteer Information

Adult T-shirt size: <input type="checkbox"/> SM <input type="checkbox"/> MED <input type="checkbox"/> LG <input type="checkbox"/> XLG <input type="checkbox"/> XXL			You are: <input type="checkbox"/> clergy <input type="checkbox"/> lay		
Emergency contact name:			Contact's phone:		
Church name <small>(include city)</small>			Lead pastor's name		
Education completed: <input type="checkbox"/> High School/GED <input type="checkbox"/> 2-year college/vocational training <input type="checkbox"/> College <input type="checkbox"/> Post graduate					
Are you currently a student? <input type="checkbox"/> Y <input type="checkbox"/> N			If so, where?		
Place of employment				# of Years:	
Job responsibilities:					
Current certifications <input type="checkbox"/> CPR/First Aid <input type="checkbox"/> Lifeguard <input type="checkbox"/> Food Service <input type="checkbox"/> Other:					
Physical limitations					
Camp/Event ID:		Name of program/event:		Date of program/event:	
Site: <input type="checkbox"/> Beulah <input type="checkbox"/> East Bay <input type="checkbox"/> Little Grassy <input type="checkbox"/> Other:					
Area of interest: <input type="checkbox"/> Counselor <input type="checkbox"/> Kitchen <input type="checkbox"/> Pool/beach front <input type="checkbox"/> Worship <input type="checkbox"/> Photography/Video					
<input type="checkbox"/> Crafts <input type="checkbox"/> Music <input type="checkbox"/> Child Care <input type="checkbox"/> Babysitter <input type="checkbox"/> Other:					
Why would you like to serve at an IGRC camp or youth event?					
What gifts/talents do you bring?					

References

Please list two personal references (people who are not related to you by blood or marriage and provide complete contact information).
References will remain confidential

Reference # 1 Name:		Mailing Address			
Day phone:			Evening phone:		
Relationship to you:				For how long:	
Reference # 2 Name:		Mailing Address			
Day phone:			Evening phone:		
Relationship to you:				How long:	