

SOUTH WEST SPECIAL RECREATION ASSOCIATION
12521 SOUTH KOSTNER AVENUE, ALSIP IL 60803
(708) 389-9423 FAX (708) 389-6458

VOLUNTEER APPLICATION

Last Name _____ First Name _____

___ Mr. ___ Ms. ___ Mrs.

Address: _____
Street City State Zip

Home Phone: (____) _____ Work Phone: (____) _____ Email: _____

PERSONAL INFORMATION:

Social Security No.: XXXX-XX-_____ Drivers License No.: _____

Spouse's Name (If Married) _____

I am age 18 or older: ___ Yes ___ No

Have you ever been convicted of any misdemeanor or felony? Yes ___ No ___

EDUCATION:

___ High School (Current) - School _____

___ High School Graduate - School _____

___ Undergraduate Degree - School/Major _____

___ Graduate Degree - School/Major _____

EMPLOYMENT INFORMATION:

I am: ___ Employed ___ Unemployed ___ Retired ___ Student

Employer's Name: _____

Address: _____
Street City State Zip

Your Job Title: _____

REFERENCES: Please list two people (other than relatives) who would be willing to serve as a personal reference:

Reference No. 1:

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Telephone No.: _____

Reference No. 2:

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Telephone No.: _____

APPLICANTS SIGNATURE: _____ DATE: _____

CRIMINAL BACKGROUND CHECK
EMPLOYEE/VOLUNTEER PERMISSION FORM

I, _____

PLEASE PRINT

grant the South West Special Recreation Association permission to request a background check on my name for employment or volunteer purposes.

I understand that my employment or ability to volunteer is subject to the results of this background check and other pre-employment requirements.

SIGNATURE

SIGNATURE OF WITNESS

DATE _____

ILLINOIS STATE POLICE
Division of Administration
Bureau of Identification
P.O. Box 408380
Chicago, Illinois 60640-8380

INSTRUCTIONS FOR COMPLETING CONVICTION INFORMATION REQUEST FORMS

On January 1, 1991, the Uniform Conviction Information Act (UCIA) became law in Illinois. This act mandates that all criminal history record conviction information collected and maintained by the Illinois State Police, Bureau of Identification, be made available to the public pursuant to 20 ILCS 2635/1 et.seq. The Illinois State Police maintains Illinois criminal history record information only. The UCIA permits only conviction information to be disseminated to the public.

There are two types of Conviction Information Request forms which can be used to request UCIA information. Form ISP 6-404B (7/98) is to be used to request a fingerprint based search. Form ISP 6-405B (7/98) is to be used to request a name based search. Each form has a unique transaction control number. Consequently, copies can not be processed. All inquires must be submitted on an original form. Forms can be obtained by contacting the Illinois State Police at (815) 740-5216. Forms can also be ordered through the Internet by selecting the Criminal History Information - How to Request entry on the Illinois State Police Internet Home Page. Our home page address is <http://www.state.il.us/isp/isphpage.htm>.

Requests for UCIA information are to be made according to the following instructions. Failure to complete all required fields which are marked in **bold** will result in the return of the request unprocessed. **Also, failure to properly complete all required fields on the reverse side of this form resulting in an error, will require an additional fee upon resubmission.**

1. The requester must complete a Conviction Information Request form for each conviction record requested. Maiden names must be included on form if name is to be searched.
2. Each request must contain the requester's complete return address.
3. Each request form must be accompanied by the correct fee in the form of a personal check, money order or cashier's check payable to the ILLINOIS STATE POLICE. Multiple requests may be submitted in the same envelope with a single check enclosed to cover the total cost for all requests.
4. The individual named in the request may initiate proceeding to challenge or correct a record furnished by the Illinois State Police by contacting the Bureau of Identification at (815) 740-5190.
5. The subsequent dissemination of conviction information furnished by the Illinois State Police is permitted only for the 30-day period immediately following receipt of the information.
6. The subject's complete and accurate name, sex, race and date of birth are required in order to check the Illinois criminal history record files. Without this information, the search of the Illinois criminal history record information files could be adversely affected.
7. Please do not include or attach any other correspondence.

IF THE REQUEST IS FOR EMPLOYMENT OR LICENSING PURPOSES, THE FOLLOWING ADDITIONAL INSTRUCTIONS APPLY

8. Pursuant to 20 ILCS 2635/7, a requestor must maintain on file for a minimum of 2 years a release signed by the individual to whom the information request pertains.
9. The requester must provide the individual named in the request with one of the two copies of the response furnished by the Illinois State Police.
10. Within 7 working days of receipt of such copy, the individual named in the request must notify the Bureau of Identification as well as the requester if the information furnished by the Illinois State Police is inaccurate or incomplete.

*******NOTICE*******

Any person who intentionally and knowingly requests, obtains or seeks to obtain conviction information under false pretenses, disseminates inaccurate or incomplete conviction information or violates any other provision of 20 ILCS 2635/1 may be guilty of a crime punishable by up to one year of imprisonment and/or may incur civil liabilities.

**PLEASE MAIL THIS FORM TO: ILLINOIS STATE POLICE DIVISION OF ADMINISTRATION BUREAU OF IDENTIFICATION
P.O. BOX 408380 CHICAGO, ILLINOIS 60640-8380 PHONE: (815) 740-5164**


CONVICTION INFORMATION NAME CHECK REQUEST

(Please see the reverse side for instructions on completing this form)

(All fields marked in **BOLD>** are mandatory)



Transaction Control Number



FRM1130L40456472

Document Control Number

L40456472

Submitting Agency ORI - NCIC (if applicable)

IL							
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Cost Center
(Office Use Only)

Subject's Last Name

First Name

Middle Name

Date of Birth

Sex

Race

The code values used in the Illinois State Police name search must include valid national crime information center code values for certain fields. These fields include sex codes and race codes. The standard code values for sex codes include "M" for Male, "F" for Female, or "U" for Unknown. The standard code values for race codes include "W" for White (includes Mexicans and Latins), "B" for Black, "A" for Asian/Pacific Islander, "I" for Indian/Alaskan Native, or "U" for unknown. If your submission contains values other than the standard code values, the search results could be adversely affected.

Social Security Number

Drivers License Number

DL State

Requestor's Name

Agency/Company Name

Return Address

Street Address: City: State: Zip:

Foreign State/Country

Foreign Postal Code

Licensing or Employment Purpose (Yes) (No)

Subject's Maiden Last Name

First Name

Middle Name

Fee Amount

Date: _____

Please type or print all information