

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**

**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**  
**Or Fax to: 630-848-5001**



Start date: \_\_\_\_\_  
Other \_\_\_\_\_  
Coach:  Soccer  Softball  Basketball  Lacrosse  
 T Ball  Coach Pitch  Machine Pitch  
Manager:  Brock Atwell  Fred Gusel  Jeanne Maher  Brittany Malatt  Sara Cass