

AUTHORITY: PUBLIC LAW 102-484

PRINCIPLE PURPOSE: TO DETERMINE IF VOLUNTEER MEETS ELIGIBILITY CRITERIA FOR ASSISTING WITH YOUTH ACTIVITIES.  
ROUTINE USE: TO DOCUMENT INFORMATION ON VOLUNTEER WHICH MAY BE USED DURING SCREENING PROCESS; TO PROVIDE  
STATISTICAL DATA; AND FOR ROUTINE PERSONNEL MANAGEMENT ACTIONS IF VOLUNTEER IS USED FOR ACADEMY ACTIVITIES.  
DISCLOSURE IS VOLUNTARY.

# Volunteer Application

RETURN TO:

Lincoln's Challenge Academy  
ATTN: Human Resource Manager  
*212 W. Borman Ave.*  
Rantoul, Illinois 61866

**PRINT CLEARLY IN INK OR TYPE**

Date: \_\_\_\_\_

1. SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. \_\_\_\_\_  
Last Name & (Maiden Name, if Applicable) First Middle (SR, JR, III, etc)

3. RACE (Necessary for Background Check)

- \_\_\_ Alaskan Native or American Indian
- \_\_\_ Asian or Pacific Islander
- \_\_\_ Black, not of Hispanic origin
- \_\_\_ Hispanic
- \_\_\_ Multiracial
- \_\_\_ Other
- \_\_\_ White, not of Hispanic origin

4. GENDER: MALE FEMALE

5. DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month - Day - Year

6. EMAIL ADDRESS: \_\_\_\_\_

7. (\_\_\_\_) \_\_\_\_\_  
Home Phone Number

(\_\_\_\_) \_\_\_\_\_  
Work Phone Number

8. \_\_\_\_\_  
Address (PO Box, Apt # etc.)

City State Zip County

9. \_\_\_\_\_  
Present Employer/School

10. \_\_\_\_\_  
Work Address City State Zip

11. Occupation \_\_\_\_\_ Length employed: \_\_\_\_\_

May we contact your employer? Yes \_\_\_\_\_ No \_\_\_\_\_

12. List other employment for the past 3 years (most recent first)

Position Employer Length of Employment

13. Education: High School \_\_\_\_\_ Year Grad \_\_\_\_\_

College/Univ. or Tech Training \_\_\_\_\_ Year Grad \_\_\_\_\_

14. Marital Status (Circle One): SINGLE MARRIED DIVORCED SEPARATED WIDOWED

Spouse's Name \_\_\_\_\_ 15. Number of Children \_\_\_\_\_

16. Valid Driver's License: Yes \_\_\_ No \_\_\_ State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

17. Do you have your own transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, do you have access to transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have vehicle insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

\*18. Have you ever been arrested, convicted and/or sentenced for a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

\*19. Have you ever sought treatment/counseling for drugs and/or alcohol abuse? Yes \_\_\_\_\_ No \_\_\_\_\_

\* Are not absolute discriminators for acceptance as a Lincoln's Challenge Volunteer.

20. What days of the week are you eligible to volunteer? Monday: \_\_\_ Tuesday: \_\_\_ Wednesday: \_\_\_

Thursday: \_\_\_ Friday: \_\_\_ Saturday: \_\_\_ What hours are you available on those days? \_\_\_\_\_

21. CERTIFICATION: I UNDERSTAND THAT WITHHOLDING INFORMATION REQUESTED ON THIS APPLICATION OR GIVING FALSE INFORMATION MAY MAKE ME INELIGIBLE FOR VOLUNTEERING IN THE LINCOLN'S CHALLENGE ACADEMY. WITH THIS IN MIND, I CERTIFY THAT THE ABOVE STATEMENTS ARE CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT THIS APPLICATION WILL BE RETURNED IF I HAVE NOT PROVIDED ALL THE INFORMATION NECESSARY TO ACCOMPLISH VOLUNTEERING FOR THE LINCOLN'S CHALLENGE ACADEMY. I AGREE TO HAVE A POLICE BACKGROUND CHECK ACCOMPLISHED TO PARTNER WITH THE LINCOLN'S CHALLENGE ACADEMY TO INSURE THE SAFETY OF OUR YOUTH.

Privacy Act Statement

I understand that all forms and information obtained from me and about me will be held in confidence by the Agency. Only my application is accessible to me and all other information becomes the property of the Agency. The Agency will not release, unless required by law, information from the volunteer file to outside sources without my written approval other than verification that I am a volunteer. In addition, periodically volunteer files are audited for the purpose of program evaluation by the Agency's Registrar's Office and the Lincoln's Challenge Academy, which will uphold the volunteer's confidentiality.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>			
Volunteer Database Entry:	_____	Class # _____	Region _____
	Date _____		
Entered By:	_____		

# Volunteer LIABILITY RELEASE

I also understand and agree that I am not a Lincoln's ChalleNGe or government agent, and the Lincoln's ChalleNGe or government does not retain any power to control how these activities are conducted except to require these activities to be conducted in the State of Illinois. I, therefore, agree that Lincoln's ChalleNGe and the government will not be liable for, and I agree to hold Lincoln's ChalleNGe and the government harmless from any and all liability, causes of action and losses imposed on it in any way, including, but not limited to, liability for personal injuries, whether the liability, cause of action, or loss is caused by my negligence, or Lincoln's ChalleNGe or the government negligence or otherwise. I further release Lincoln's ChalleNGe and the government from any and all liability, claims, demands or actions or causes of action whatsoever arising out of any damage, loss or injury I might incur while participating in any of the activities contemplated by this involvement in Lincoln's Challenge Academy, whether such damage, loss, or injury is caused by the negligence of Lincoln's ChalleNGe, the government, its officers, agents, servants, employees or otherwise.

Printed Name: \_\_\_\_\_

Volunteer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# VOLUNTEER

## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

For the period of one year from the execution of this form I, \_\_\_\_\_

(PRINT) Volunteer's Name

do hereby authorize a release of all said records concerning myself to any duly authorized agent(s) of the Lincoln's ChalleNGe Academy, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of information from any person or agency to include: **educational institutions; records maintained by the National Personnel Records Center and the US Veteran's Administration; County, State or Federal Law Enforcement Agencies; employment and pre-employment records, including background reports, efficiency ratings and complaints or grievances filed by me or against me; and records pertaining to previous volunteer experience.**

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability as a Lincoln's ChalleNGe Volunteer. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Lincoln's ChalleNGe Academy from any and all liability which may be incurred as a result of collecting such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original in writing of my signature.

I have read and fully understand the contents of the "Authorization for Release of Personal Information".

\_\_\_\_\_  
VOLUNTEER'S Signature (include maiden name) Date \_\_\_\_\_

Volunteer's Social Security No.: \_\_\_\_\_ Volunteer's Date of Birth: \_\_\_\_\_

Volunteer's Address: \_\_\_\_\_  
\_\_\_\_\_

Volunteer's Home Phone: ( ) \_\_\_\_\_ Volunteer's Bus. Phone: ( ) \_\_\_\_\_

State of Illinois  
County of \_\_\_\_\_, TO WIT: I, \_\_\_\_\_, a Notary Public in and for the above County and State, certify that \_\_\_\_\_ whose signature appears on the above document, personally appeared before me in my said County and State and did then and there sign the above document.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My Commission expires: \_\_\_\_\_.

\_\_\_\_\_  
Notary Public