



Calling all 6th-8th graders

Where fun, friends and faith meet!

The fun begins at DuBois Center ... **Saturday, February 18th @ 2 pm**

And do not stop till ... **Sunday, February 19th @ 2 pm**

Cost is only \$60. That's a bargain for DuBois Center's food, lodging and activities that will keep you smiling, thinking, singing, dancing, jumping, laughing and more!

Leader: Jay Tyson

Space Reservation: \$10 per space requested, postmarked by January 24, 2017

Final Payments and Forms: \$60 per person (includes housing, food and all activities) and all forms, post-marked by February 6, 2017. **AFTER February 6, 2017: total cost is \$75 per person.**

Limited to 80 youth and chaperones

Registration Packets available at www.iscucc.org or by calling the Conference Office at 618-654-2125.

Presented by





ISC FESTIVAL OF FAITH 2017

For the Love of God!

February 18-19, 2017

ATTENTION YOUTH GROUP LEADERS

Get ready for Festival of Faith 2017! Enclosed are all the materials needed for you to register your youth group. So here's the process:

- **STEP 1:** Copy Materials for youth and parents and for potential chaperones. **START RECRUITING NOW!**
- **STEP 2:** Complete Space Request and Deposit form and send it and your deposit check, **postmarked by JANUARY 24, 2017, to Illinois South Conference. Make checks payable to Illinois South Conference.**
- **STEP 3:** Complete and compile remaining forms.
- **STEP 4:** When your Group Allocation/Registration form arrives, complete and mail it, along with a single check for all participants AND the entire group's registration forms, to the Illinois South Conference, **postmarked by FEBRUARY 6, 2017.**

Forms which need to be completed

The following forms must be sent into the ISC office with the Group Allocation/Registration form and final payment. Hold them and send them in a single mailing with the Group Allocation/Registration form. The form will make it easier for you to track what forms you've received and what's missing.

For Youth

- 1) Youth & Adult Registration—Health Information form. Include copies of insurance cards or a note that insurance is unavailable
- 2) Permission & Authorization form – signed by parent
- 3) Youth Covenant - signed by youth

For Adults

- 1) Youth & Adult Registration— Health Information form. Include copies of insurance cards or a note that insurance is unavailable.
- 2) Permission & Authorization form – signed by adult attendee
- 3) Adult Covenant – signed by adult attendee
- 4) State of Illinois, Department of Children and Family Services *Authorization for Background Check* form, with signature
- 5) Illinois South Conference Adult Volunteer Disclosure form, with signature

Make copies of all forms and provide a copy for chaperones to carry during travel and keep with them during the event—just in case of an emergency.

IMPORTANT: No individual registrations will be accepted. Every participant must be sponsored by a youth group.

PAYMENT: When you receive payments from your youth, please deposit them in your local church account and SEND A SINGLE CHECK TO COVER YOUR WHOLE GROUP.

Thanks for your help in making this an energy-
and faith-filled event!!



Festival of Faith 2017

Sponsored by VoX and the
Illinois South Conference of the United Church of Christ
INFORMATION PACKET

PARTICIPATION

Youth: Festival of Faith is for youth currently in grades 6-8 and their adult chaperones.

Chaperones: Adults, age 21 and older. A **minimum** of 1 adult chaperone is required for each 7 or fewer youth participants. Churches are also asked to provide male and female chaperones in proportion to the male/female break-down of their group (i.e. 2 male and 6 female youth = one male and one female chaperone.) This requirement is related to supervision in sleeping areas. Churches are encouraged to team up with other churches in their area to make this work. If you are having a problem with this, please contact Christy Pursell at cpursell@iscucc.org or 618-654-2125.

DATES & LOCATION

Saturday, February 18, 2017 through Sunday, February 19, 2017
DuBois Center • 2651 Quarry Road • DuBois, Illinois 62831

ARRIVAL & DEPARTURE

The event begins with check-in from 2:00 to 2:30 pm on Saturday afternoon. The program will begin promptly at 2:45 pm, so plan to arrive in time to get settled. Dinner will be provided on Saturday. Breakfast and lunch will be provided on Sunday, and the event will end at 2:00 pm.

CONTACTS & IMPORTANT PHONE NUMBERS

BEFORE the Event

Program: Jay Tyson at jaytyson2001@yahoo.com or (618) 698-1429
Registrar: Christy Pursell at cpursell@iscucc.org or (618) 654-2125

DURING the Event

Leadership: Jay Tyson, (618) 698-1429
DuBois Center: On-Call Pager at (618) 791-6545

Please use these "during the event" numbers only in case of an emergency. Participants and leaders will be out and about involved in the program during most of the day and evening.

\$ EVENT FEE \$

\$60 per person, limited to first 80 youth and chaperones that have sent a space reservation form and deposit postmarked by January 24, 2017, and have paid the balance and sent in the registration and required paperwork postmarked by February 6, 2017. After this date, the cost will be \$75 per registration.

The event fee for each youth and adult participant includes one night's lodging. Dinner will be provided on Saturday. Breakfast and lunch will be provided on Sunday.

REFUNDS

\$10 of the event fee is considered to be the deposit. Deposits are **NON-REFUNDABLE**. Payments for the balance of the event fees are refundable **ONLY** if cancellation is received by Friday, February 10, 2017.

EXPECTATIONS OF CHAPERONES AND YOUTH

Enclosed are two documents: *Youth Participant Covenant* and *Adult Participant Covenant*. Please review these with both your youth and your chaperones **PRIOR TO** arriving at DuBois Center.

HOUSING

Housing will be assigned according to gender (males together, females together). Local church groups will be assigned together for overnight lodging when possible. Smaller groups may be combined within cottages. Chaperones should work in advance with neighboring churches to ensure adequate supervision in male and female sleeping areas. If you are having problems with this coverage, check with Christy Pursell as soon as possible at 618-654-2125 or cpursell@iscucc.org. Notes regarding arrangements for male-female sleeping area coverage should be sent with the Group Reservation Form, so housing can be correctly assigned.

HEALTH CONCERNS - VERY IMPORTANT!!

Local church chaperones are responsible for first aid & health issues for their participants. Chaperones should carry ***Permission to Treat*** authorizations for each adult and youth attendee and come prepared with basic first aid supplies. NOTE: The authorizations included on the "Registration & Health Information" form include this authorization. Be sure chaperones keep a copy for their use. In an emergency, the event coordinator will provide back-up supplies and support. We recommend that medications be kept by the church chaperones. ***It is the responsibility of the family and/or each local church to provide health and accident coverage for their participants.***

ADULT LEADERSHIP - SAFE CHURCH/CONDUCT VERIFICATION

The Illinois South Conference and many of our churches have adopted "Safe Conduct" policies as tools to help us provide the safest environment possible for those we serve. Implementation of these policies is ongoing. We have instituted procedures for adult chaperones and other adult leaders involved in Conference-sponsored youth programs with an overnight component. Even though youth attend these events with chaperones from their own church, they are often involved with adults from other churches in small group settings and, sometimes, in the sleeping areas.

In addition to the **Registration & Health Information** form and **Permission and Authorization Form**, adult attendees need to submit the following:

1. Disclosure Statement dated within the past 12 months
2. State of Illinois, Department of Children and Family Services AUTHORIZATION FOR BACKGROUND CHECK, or a completed background check that has been returned from the State, dated within the past 12 months. **If your church already utilizes the DCFS system**, a copy of a current report signed by the pastor, dated within the past 12 months, may be submitted, and an AUTHORIZATION FOR BACKGROUND CHECK WILL NOT BE NEEDED.

START NOW to ensure that you have a report in hand by the **February 6, 2017** deadline for forms. If you have questions about this procedure, contact the Festival of Faith Registrar.

POLICY ON TOBACCO PRODUCTS

The possession and/or use of tobacco products is not allowed by persons under the age of 18 and/or **ANY YOUTH PARTICIPANTS**, even those who are 18 years of age or older, at any ISC-sponsored youth event. The use of tobacco products by adult chaperones is allowed only at designated times and in designated places. There is no smoking in any building at DuBois Center, within 15 feet of any building, in the woods, or near flammable materials, such as dried leaves.

DRUG AND ALCOHOL USE

The possession and/or use of alcohol and/or illegal drugs or controlled substances will not be allowed at any Conference-sponsored youth event or retreat. The one exception might be the provision of wine as an option during communion. This includes every participant and leader, youth and adult. Such activity is destructive to the spirit of Christian community we hope to build at all our youth events. The possession and/or use of alcohol and/or illegal drugs or controlled substances will result in the offending parties being sent home **AT THEIR OWN EXPENSE**.

FESTIVAL OF FAITH 2017

THINGS NOT TO BRING

THINGS NOT TO BRING

Please **DO NOT** bring expensive or valuable items or lots of money or any of the items listed below:

Illegal drugs or controlled substances • alcohol or tobacco products • skate boards • fireworks • weapons (including knives & hand guns) • food for the bunk room (Bugs love it!) • clothing that promotes sex, violence, alcohol, drugs, etc. (e.g., NO Co-ed Naked, Budweiser, etc.) • inappropriate clothing - too tight, too short, too revealing • items that will detract from the event

The Illinois South Conference and DuBois Center and their staff/representatives are not responsible for the loss, damage or theft of property.

CLOTHING AND EQUIPMENT LIST (Do Bring)

- _____ Pre-packaged Snacks to SHARE with entire group in Oak Lodge (*Youth group leaders, consider bringing a reasonable amount of snacks to share from your group—rather than each youth bringing snacks--so we do not have an overabundance of calorie/sugar-laden food.*)
- _____ Comfortable, warm clothes for two days
- _____ Two or three pairs of shoes and lots of dry socks
- _____ PJ's
- _____ Rain gear, Sweaters, Gloves and a Jacket (Weather permitting, some activities will be outside.)
- _____ Sleeping bag (or sheets & blankets) and pillow
- _____ Wash Kit (soap, shampoo, deodorant, toothbrush, toothpaste, etc.)
- _____ Towel and Wash Cloth
- _____ Bible
- _____ Paper & Pens or Pencils
- _____ Money for Worship Offering (offering designation to be announced)
- _____ Any extra \$\$ needed for the trip to and from the event
- _____ Any Necessary Medication (*Please be sure that the home church advisor is aware of any medications to be taken and any special medical considerations.*)
- _____ Any Necessary Forms, if not already turned in
- _____ Camera (optional)
- _____ Enthusiasm, Spirit, Energy and Smiles!



FOR THE LOVE OF GOD!

Festival of Faith 2017

Space Request & Deposit Form

Space is limited, and we want every church in the Conference to have an equal opportunity to be a part of this popular event. We know that youth ministry is at different developmental stages in different churches—some very organized, some just getting started. This “Space Request” system gives churches equal access and is helpful for planning purposes.

Church/City _____ Phone _____

Contact _____ Position _____

Day Phone _____ Evening Phone _____

E-Mail Address _____

Mailing Address _____

City _____ State _____ Zip _____

We request _____ spaces for youth and chaperones for Fall Festival on February 13-14, 2016.

Spaces Requested: _____ x \$10 per space (deposit) = _____.

THIS FORM MUST BE POSTMARKED BY TUESDAY, JANUARY 24, 2017

This \$10 per space deposit is non-refundable. Your church is committing to the number of spaces indicated, unless you receive a reduced space allocation from the Registrar.

When the final payment is due, if your total numbers have decreased from your confirmed Space Allocation, you forfeit a deposit of \$10 per spot. The enclosed payment will be applied to the total fee for the number of spaces confirmed.

EXAMPLE:	Spaces Requested = 10	10 x \$10 = \$100

	Final Total (if paid by Feb 6th)	9 x \$60 = \$540
	Minus Deposit for 9 =	9 x \$10 = <\$90>
(with 1 person dropping out from original Space Request)		_____
	Final Amount Due	\$450

After the **Tuesday, January 24th Deadline**, the number of spaces requested will be tallied. If there are more requests than spots available, requests will be reduced by a set percentage. If there are fewer requests than spots available, churches may request additional spaces. You will be notified the week of January 24th of the number of spaces allocated to your church.

REMEMBER: If you find you need more spaces than originally requested, or you are a little late in getting organized, call the Youth Event Registrar after February 6, 2017 to see if space is still available at (618) 654-2125 or cpursell@iscucc.org

Make Check Payable to: *Illinois South Conference*

MAIL TOTAL DUE AND THIS FORM, TO REACH REGISTRAR POSTMARKED NO LATER THAN FEBRUARY 6, 2017

TO: Illinois South Conference * 1312 Broadway * Highland, IL 62249



Illinois South Conference United Church of Christ Festival of Faith 2017

Registration Checklist & Transmittal

DEADLINE – February 6, 2017

Church & City _____ Phone (____) _____

Contact _____ Position _____

Day Phone (____) _____ Evening Phone (____) _____

E-Mail Address: _____

Please **PRINT** the information indicated for each person attending.

List **YOUTH** Participants on the **FRONT** side and **ADULT** Chaperones on the **BACK** side.

Youth Participants

NAME	Fee Paid	Gender	Grade in School	Reg & Health	Permis. & Auth	Youth Cov.	Insurance Card
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

TOTAL NUMBER OF YOUTH PARTICIPANTS _____

CONTINUED ON BACK

Please **PRINT** the information indicated for each person attending.

List **YOUTH** Participants on the **FRONT** side and **ADULT** Chaperones on the **BACK** side.

Adult Chaperones

NAME	Fee Paid	Gender	Reg & Health	Perm & Auth	Adult Cov.	DCFS Bckgrnd Auth	Discl Statement	DCFS Report Rec'd	Ins. Card
1.									
2.									
3.									
4.									
5.									

Male – Female Chaperone (age 21+) Coverage:

If you do not have the appropriate chaperone coverage (1 male adult per 1-7 male youth, 1 female adult per 1-7 female youth), please explain coverage plans on separate sheet of paper.

TOTAL NUMBER of YOUTH & ADULTS:

Postmarked on or before February 6, 2017 _____ @ \$60 = _____

TOTAL NUMBER of YOUTH & ADULTS:

Postmarked after February 6, 2017 _____ @ \$75 = _____

FEE TOTAL DUE = _____

Make Check Payable to: Illinois South Conference

MAIL TOTAL DUE AND ALL REQUIRED FORMS TO:

Illinois South Conference • 1312 Broadway • Highland, IL 62249



Youth & Adult Registration--Health Information

Church/Town _____

Name of Attendee (First) _____ (Last) _____

Attendee Home Phone _____ Attendee Cell Phone _____

Date of Birth _____ Age as of Feb 2017 _____ Grade _____ Gender _____

Mailing Address _____

City _____ State _____ Zip Code _____

E-mail of Attendee _____ Email of Parent _____

Parent's name _____ Parent's name _____

Food Allergies / Special Dietary Needs (please be specific) _____

Limitations or Restrictions on Activities _____

Current Medical Conditions, including Allergies (Describe any medical conditions that might be affected by strenuous or general event activities, for example – any muscle or skeletal issues, allergies to animals, etc.) _____

Date of last Tetanus Shot (year) _____ Approximate Weight (for medication administration) _____

Prescription / Over-the-Counter Medications to be taken during event (list times and dosages) _____

Any additional health information church advisors/event leaders should be aware of (surgery or serious injuries, chronic or recurring illness/medical condition, psychiatric counseling or indications, recent traumas, life changes etc.) _____

ADDITIONAL EMERGENCY CONTACTS (if parent/guardian listed above CANNOT be reached):

NAME _____ Phone #1 (_____) _____

Relationship _____ Phone #2 (_____) _____

NAME _____ Phone #1 (_____) _____

Relationship _____ Phone #2 (_____) _____

Name of Physician _____ Phone (_____) _____

**** ATTACH A COPY OF THE FRONT & BACK OF
HEALTH INSURANCE CARD TO THIS FORM ****

Illinois South Conference United Church of Christ
PERMISSION & AUTHORIZATIONS – *Signatures Required*

Name of Youth or Adult Attendee _____ Age _____
(if under 21)
Last First MI

Event Name: Festival of Faith 2017

Event Date: February 18-19, 2017

PERMISSION FOR PARTICIPATION IN EVENT & EVENT ACTIVITIES:

The individual named above has my permission to attend the event listed above.

The individual named above has my permission to participate in transportation to, from and during this event provided or arranged by the attendee's church, event coordinators or Illinois South Conference staff members.

I / We (attendee and parent – if attendee is a youth participant) understand and support policies prohibiting the use or possession of weapons, tobacco products (if youth participant), alcoholic beverages and illegal drugs or controlled substances. We recognize that all attendees must follow safety guidelines and refrain from harmful behavior. I/We understand that if an attendee is unable to live within these guidelines and those outlined in the *Youth Participant Covenant* or *Adult Participant Covenant*, he/she may be sent home without a refund of the program fee.

There are challenges inherent with participation in any event activity, including but not limited to archery, boating, challenge course, games, hiking, horseback riding, swimming, wagon rides and work projects. I understand that these challenges, which contribute to the unique character and desirability of the activities, pose the possibility of severe injury, illness or death. I further understand that many event activities may take place in an outdoor environment. For this and other reasons, I understand the challenges often cannot be eliminated, altered, or controlled. I give permission for myself and/or my child to participate in all event activities, including but not limited to those described above. I acknowledge and assume the risks involved in these activities, and for any damage, illness, injury, or death resulting from such risks, for myself or my child. There are no physical, emotional or mental problems or limitations associated with my child's or my participation in event activities, except as disclosed by me in writing to the Illinois South Conference. I have read and understand the above, and agree to the terms of this waiver.

**Signature of Adult Attendee
or Custodial Parent / Guardian**

Date

PERMISSION FOR FIRST AID, EMERGENCY TREATMENT AND TRANSPORTATION:

To the best of my knowledge, the health information on the Registration and Health Information form is correct and accurately reflects the current health status of the attendee named above. I hereby give permission to the advisor from the attendee's church, event coordinators and Illinois South Conference staff members to provide, seek, and consent to first aid, routine health care, administration of prescribed medications, emergency treatment and transportation for me or my child, as may be deemed necessary. I also give permission to medical personnel, authorized by the advisor from the attendee's church, event coordinators and Illinois South Conference staff members to order x-rays, routine tests and proper treatment related to the health of the attendee for both routine care and, in emergency situations, to hospitalize, order injections, anesthesia, or surgery for me or my child. I understand the information on this form will be shared on a "need to know" basis. I give permission to photocopy this form. It is my intention that the advisor from the attendee's church be treated as acting *in loco parentis* if the person named herein is a minor. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

Attach a copy of your insurance card.

**Signature of Adult Attendee
or Custodial Parent / Guardian**

Date

PHOTO RELEASE:

The Illinois South Conference utilizes a variety of media, such as brochures, newsletters, media productions such as PowerPoint presentations, videos, Facebook, and our websites to interpret and promote our ministry and programs. Recognizing the value of these interpretive materials, I hereby grant the Illinois South Conference of the United Church of Christ, or their designated agents, permission to use images of myself or my child for interpretive or promotional efforts.

**Signature of Adult Attendee
or Custodial Parent / Guardian**

Date



Festival of Faith 2017 Youth Participant Covenant

All Festival of Faith youth participants must read, sign and abide by this Covenant.
Submit this form to the Church with the rest of your forms.

Name _____

I will have respect for the purposes and goals of this event.

I will respect the rights/needs of all those attending Festival of Faith.

I will have respect for DuBois Center property and equipment. This includes using these resources in safe and appropriate ways, not littering, and cleaning up after myself. I will report any damages or issues to my chaperone and the DuBois Center Host.

I will keep all food items in the dining hall (Oak Lodge). Food in the cabins attracts critters.

I realize there are areas of DuBois Center that are off limits and will stay out of them. These areas include the kitchen, storage closets and rooms, maintenance and other buildings that are not part of the Festival of Faith program.

I will attend all sessions of this event. It is my responsibility to get enough sleep during Festival of Faith to participate fully in each element of the program.

I understand that I may hang out in my room ONLY during free time and sleeping time at night.

I will be individually responsible for damage I cause to the property of others and will refrain from any damaging or illegal behavior.

I will not consume alcohol or use any tobacco products.

I will not use any mood-altering or illegal drugs or other such substances.

I will wear appropriate clothes and not wear anything that portrays unhealthy activities or attitudes (such as those promoting sex, drugs, alcohol, or violence).

I will respect the rule that there are to be no girls in boys' sleeping rooms and no boys in girls' sleeping rooms.

I will not engage in excessive displays of affection, as I realize the establishment of an individual community among two individuals hinders their establishment of community with the whole group. I understand that holding hands, hugging and sitting on laps are not excessive displays of affection, but groping, kissing, snuggling and so on ARE excessive displays of affection.

I promise not to bring negative attitudes so that I can have a good time at Festival of Faith.

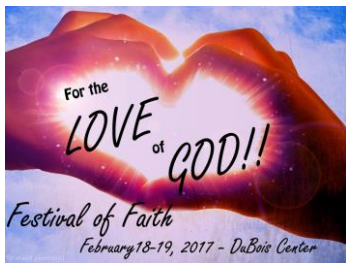
In the case of an emergency, accident or incident, I will contact my chaperone.

I will respect that the lodge is also a sanctuary and I will not wear a hat (ball cap, stocking cap, etc.) **during worship** in the lodge.

I will be accountable to the adult chaperone(s) accompanying me or to the adult to which I am assigned. I understand that I am subject to review by the retreat leader and chaperones concerning my further participation in this event.

Signature _____ Date _____

Church Name/Town _____ Pastor's Name _____



Festival of Faith 2017 Adult Participant Covenant

This form must be completed by all adult chaperones and leaders participating in Festival of Faith 2017. Turn this form in to your Youth Leader.

Name of Adult (please print): _____

By participating in this event as an adult chaperone or program volunteer, I agree to cooperate with the leaders of this event and the chaperones from the other churches in following these guidelines:

I will have respect for the purpose and goals of this event and strongly encourage participation of all the youth.

I will have respect for DuBois Center property and equipment and will report any damages or issues to the DuBois Center Host. This includes using these resources in safe and appropriate ways, not littering, and encouraging my youth to clean up after themselves.

I will make every effort to ensure that the youth I am responsible for follow all camp and event rules and guidelines.

I will report any incidents or accidents to the Event Coordinator and the DuBois Center Host.

I will do my best to demonstrate what I believe to be a good Christian example for the youth in attendance.

I will be the adult and lead my youth, not following their lead just to be popular with them.

I will attend all programming activities, as I am physically able.

I will not consume alcohol or illegal drugs during the course of this event.

I will refrain from tobacco consumption at inappropriate times or in inappropriate places.

I will respect the rule that there are to be no girls in boys' sleeping rooms and no boys in girls' sleeping rooms, and I will make every effort to ensure that the youth abide by this rule as well.

I will help ensure the youth are respectful to guests and speakers at all times.

I will instruct the youth in my charge to inform me of their location at all times, and hold them accountable for any indiscretions.

I will not allow excessive displays of affection among the youth, as I realize the establishment of an individual community among two separate individuals hinders their establishment of community with the whole group. I will also be reasonable, understanding that holding hands, hugging and sitting on laps are not excessive displays of affection, but groping, kissing, snuggling and the like ARE excessive displays of affection.

I will keep the safety, welfare, and spiritual growth of the youth of this Conference in my prayers and in my heart, as I realize that the best thing I can do in youth ministry is to be there for them.

I will follow these guidelines not because I am obligated to abide by a set of rules, but because I have the interests of the youth of this Conference foremost in my heart and mind, and wish to do whatever I can to help them have a spiritually fulfilling event.

Signature _____ **Date** _____

Church Name/Town _____ **Pastor's Name** _____

Illinois South Conference Adult Volunteer Disclosure Form

This form needs to be completed by all adult advisers and volunteers attending Festival of Faith 2017. Please return with Group Allocation/Registration form.

Name: _____

Address: _____
 Street City State Zip

Phone: _____ E-Mail Address: _____

Church Name/Town: _____ Pastor's Name: _____

1. Have you ever been found guilty, or pled guilty or no contest to a criminal charge alleging actual or attempted sexual harassment, exploitation, misconduct, physical abuse, or child abuse?

Yes No If yes, give an explanation. _____

2. Has a formal complaint been made against you in a civil, ecclesiastical, educational or employment setting alleging actual or attempted sexual discrimination, harassment, exploitation, misconduct, physical abuse, or child abuse?

Yes No If yes, give an explanation. _____

3. Is there any fact or circumstance involving you or your background that would call into question your being entrusted with responsibilities in any children's program of the Illinois South Conference?

Yes No If yes, give an explanation. _____

Release and Authorization

I acknowledge that the information provided in this disclosure is true and complete. I authorize the Illinois South Conference and/or their agents to investigate all statements contained in it. I also authorize all persons and entities to respond to inquiries concerning me, to supply verification of the information provided in this application and to comment regarding my background and character. I hereby release all such individuals and entities from all liability and responsibility arising from their doing so. I waive any right that I may have to inspect records, references, or information collected or acquired in connection with this application.

Signature: _____ Date: _____

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 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.

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

Signed Date

Please type, use bold letters or label:

618-654-4054 (Submitting Agency Fax Number)

cpursell@iscucc.org (Submitting Email Address)

Illinois South Conference, UCC (Agency Name)

Christy Pursell (Contact Person)

1312 Broadway (Address)

Highland, IL 62249 (City/State/Zip)

Print Form