Big Brothers Big Sisters OF MCHENRY COUNTY

Internship Application

☐ **Executive** ☐ **Program** ☐ **Marketing**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ County: _____

Zip Code: _____ Email: _____ Home Phone: (_____) _____

Work Phone: (_____) _____ Cell Phone: (_____) _____ SS# _____-_____-_____

DOB: _____ Gender: ☐ Male ☐ Female ☐ Other Race: _____Marital Status: _____

Employer: _____ Occupation: _____

Address: _____

Can we contact you at work: Yes No Work Hours: _____How long Employed: _____

School you attend: _____ Number of Required Hours: _____

Which semester(s) are you interested in: _____

Availability Monday-Thursday (during time of internship): -

_____

Driver's license #: _____ Exp. Date: _____ State Issued: _____

Emergency Contact: _____ Phone Number: _____

Relationship to Applicant: _____

Please list all persons living in your home age 18 and over:

1. First Name: _____ MI: _____ Last Name: _____ DOB: _____
2. First Name: _____ MI: _____ Last Name: _____ DOB: _____
3. First Name: _____ MI: _____ Last Name: _____ DOB: _____
4. First Name: _____ MI: _____ Last Name: _____ DOB: _____

List Previous Addresses for the last 7 years:

_____

_____

_____

_____

Continue on back

Since the age of 18, have you ever lived in a state other than Illinois? Yes _____ No _____ If yes, please list

County or City State Dates

_____

_____

_____

We will contact references by phone or email. Please contact your references and encourage them to respond in a timely manner allowing the case manager to complete your application process.

Work/Co-Worker/Supervisor:

Name: _____

Home/Cell phone: (_____) _____Email: _____

Spouse/Significant Other/Family Member:

Name: _____

Home/Cell phone: (_____) _____Email: _____

Co-worker, Friend, Neighbor (longer than one year, non-relative)

Name: _____

Home/Cell phone: (_____) _____Email _____

Employment acquaintance, minister or volunteer supervisor

Name: _____

Home/Cell phone: (_____) _____Email: _____

Have you ever applied to be a Big Brother or Big Sister? ☐ Yes ☐ No

If yes, where and when? _____

Please list current/past volunteer involvement:

Organization	Contact Person	Phone Number

The undersigned acknowledges and agrees that 1) I am not obligated, if called upon, to accept the volunteer opportunity herein applied for and that the agency is not obligated to assign or actively seek to assign a little brother/little sister; 2) The references I listed may be contacted by telephone or in-person; 3) As part of the agency's intake and matching process, additional and personal information will be elicited from the applicant by professional agency staff; 4) The information I provided may be used to conduct a background check, to include DMV check and criminal background check by First Advantage, McHenry County Circuit Clerk, DCFS check, IL. Violent Offenders and IL. and Nat'l Sex offenders list. 5) Other BBBS agencies or youth organizations where I have worked or volunteered may be contacted as references; 6) I further understand that BBBS of McHenry reserves the right to accept or reject my application based on pre-established criteria; 7) Any party has the right to refuse to enter into a match based upon the information so communicated. **I, the applicant, authorize Big Brothers Big Sisters of McHenry County to run updated criminal history record checks as needed throughout the applicant's, myself, involvement with the agency.**

Volunteers are not discriminated against on the basis of race, age, religion, national origin, sexual orientation, gender identity, disability or marital status.

Except for parents and/or guardians with a direct responsibility for a match with me, all elements of my profile will be kept in the strictest confidence. Relevant information shall be provided; however, the names of the parties described shall be held confidential before a match is made. In determining what information shall be communicated to each party, due consideration must be given to those past and present factors in health, personality and behavior of each individual and/or family constellation which professional agency staff consider may have a significant effect upon the relationship.
I give permission to BBBS of McHenry County for my photo and name to be used for promotional materials and media for the agency.

_____ _____

Applicant Signature Date

CFS 689
Rev 7/2012

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.

_____
Signed Date

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

Please type, use bold letters or label:

N/A	(Submitting Agency Fax Number)
Nicole.laster@bbbsmchenry.org	(Submitting Email Address)
Big Brothers Big Sisters of McHenry County	(Agency Name)
Nicole Laster	(Contact Person)
630 N. IL Route 31	(Address)
Crystal Lake, IL 60012	(City/State/Zip)

630 N. IL Route 31, Crystal Lake, IL 60012 Phone: 815-385-3855
www.bbbsmchenry.org

Thank you for applying to be a Big Brother or Big Sister! Our background check process includes being fingerprinted at one of the listed police departments. **You will be notified when to do so.** Fingerprinting is done at no expense to you, so you should not be asked for payment. We partner with the following police departments:

Crystal Lake Police Department
815-356-3620 100 W. Woodstock St., Crystal Lake

Mon.-Fri. 11:30 – 1:30 pm
***evenings or weekends if absolutely necessary**
***Requires 48 hour notice**
ORI - 0560300

McHenry Police Department
815-363-2200 333 S. Green St., McHenry
Then push number for Police Records
By appointment only

Cary Police Department
847-639-2341 x 3 records clerk 755 Georgetown Drive, Cary

When you call, please identify yourself as a Big Brothers Big Sisters volunteer. Request to make an appointment for fingerprinting. Please bring along your **driver's license and the Fingerprint Submission Consent and Notification Form.** Please be aware that you may have to wait, or in the rare occurrence, reschedule should the police department have an influx of criminal fingerprinting to conduct.

On the Fingerprint Submission Consent and Notification Form, please fill out "Applicant Information" section in the middle of page 1 and sign/date page 2. Take form to one of the designated police stations. The police station will fill out the bottom "Livescan Vendor/Appointment Information" section and they will give form back to you. **Return or scan and email the completed form back to Nicole.laster@bbbsmchenry.org** Please email Nicole.laster@bbbsmchenry.org when you go to police station so we can make sure we get the results in a timely manner.

If you should have questions regarding this process or have difficulty scheduling an appointment, please call our office at 815-385-3855.

Fingerprint Submission Consent and Notification Form
(Used for all Licensing and Employment Screening)

The authorized agency (Agency) named below requires all applicants in the Agency's screening or approval process for the purpose identified below to submit to a fingerprint-based criminal history record information background check. The Agency will follow all applicable laws, rules and regulations concerning the criminal background check pursuant to the authorizing statute, Uniform Conviction Information Act and federal statute. The live scan vendor or Agency must confirm the identity of the applicant submitting the fingerprints. The live scan vendor or Agency must use the Applicant Information section to document the valid government issued identification provided by the applicant before the fingerprints are taken. This document also serves as a consent and notification form. **The form must be signed by the applicant** (See Page 2) in order to authorize the release of any criminal history record information that may exist regarding the applicant. The results of the inquiry will be forwarded to the Agency for review.

Agency Information

Requesting Agency Name:	Requesting Agency ORI Identifier:
Big Brothers Big Sisters of McHenry County	CV0014241
Requesting Agency Address: 630 N. IL. Rte. 31, Crystal Lake, IL 60012	
Fiscal Cost Center: (for entity responsible for paying ISP) 6029	Purpose Code: VCA

Applicant Information

Name:	Sex:	Race:	Date of Birth:

SSN (if req. by Agency):	DL/ State ID/ Passport #:	DL/ID State:

Livescan Vendor/Appointment Information

Live Scan Fingerprint Vendor Company Name:	Address:

Phone Number:	Appointment Date & Time:	IL Vendor License Number:

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Consent

By signing below, I acknowledge and hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

Applicant Name (printed):	
Applicant Name (signature):	Date:

THIS SIGNED FORM MUST BE RETAINED BY THE AGENCY FOR AT LEAST TWO YEARS.

VECHS Waiver Agreement and Statement
Volunteer & Employee Criminal History System (VECHS)
National Child Protection Act of 1993 as Amended

Pursuant to the National Child Protection Act of 1993, as amended this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by the qualified entity under these laws.

I hereby authorize (insert name of requesting agency) to submit a set of my fingerprints and the form to the Illinois State Police and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me from the FBI, pursuant to 28 CFR Sections 16.30-16.34. By signing this waiver agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the qualified entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about status as an employee, volunteer, contractor or subcontractor.

Requesting Agency Information (Eligible Entity)

Requesting Agency Name:	Requesting Agency ORI Identifier:
Big Brothers Big Sisters of McHenry County	CV0014241
Requesting Agency Address: 630 N. IL Route 31, Crystal Lake. IL 60012	
Fiscal Cost Center: (for entity responsible for paying ISP) 6029	Purpose Code: VCA

Applicant Information

Name:		Date of Birth:
Street Address:	City, State	Zip Code

Check only one:

☐	I have not been convicted of a crime.
☐	I have been convicted of a crime. If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below.

Applicant Signature

Applicant Name (printed):

Applicant Name (signature): Date:

THIS SIGNED FORM MUST BE RETAINED BY THE AGENCY FOR AT LEAST TWO YEARS.

630 N. IL Route 31 • Crystal Lake, IL 60012 • T 815-385-3855
www.bbbsmchenry.org

Consent to Use of Identifying Information: Intern

Media & Agency Social Media Release

____ I hereby grant permissions to Big Brothers Big Sisters of McHenry County to utilize my first name, image, likeness, actions and statements in any live or recorded audio, video, or photographic display or other transmission, including social media, exhibition, publication or reproduction in any medium or context for the purposes of sharing the same with agency partners (i.e. school teachers, counselors, donors, etc.) and for publicity/promotion by BBBS of McHenry County without further authorization or compensation.

_____ I DO NOT grant permissions to Big Brothers Big Sisters of McHenry County to utilize my first name, image, likeness, actions and/or statements.

Name Printed _____

Signature _____

Big Brothers Big Sisters OF MCHENRY COUNTY

630 N. IL Route 31 • Crystal Lake, IL 60012 • T 815-385-3855
www.bbbsmchenry.org

EMPLOYEE/INTERN CONFIDENTIALITY POLICY

In order for Big Brothers Big Sisters of McHenry County to provide a responsible and professional service to clients, it is necessary for volunteers, clients, and parents/guardians of clients to be asked to divulge extensive personal information about themselves and their families. The agency respects the confidentiality of client and volunteer records and, with the exception of situations listed below, shares information about clients and volunteers only among the agency professional staff. The right to confidentiality applies not only to written records but also to video, film, pictures, or use of client or volunteer's full name in agency publications.

All records are considered the property of the agency and not the agency workers or clients or volunteers themselves. In order to provide a service that is in the best interest of the children served by the program, information from outside sources, including confidential references must be assessed along with information gained from the clients or volunteers themselves. Records are not available for review by the clients or volunteers. Clients and volunteers shall be provided, at the time of application, a copy of this statement on confidentiality along with the exceptions that define the limits of confidentiality. Clients and volunteers shall sign a statement that she/he has read and understands the agency policy on confidentiality and agrees to program participation under guidelines it sets forth.

Limits of confidentiality:

1. Information will be released to other individuals or organizations only upon presentation of an authorized "consent to release information" form appropriately signed by the client or volunteer.

2. Information will be requested from other individuals or organizations only if an authorized "consent to release information" form appropriately signed by the client/parent/guardian or volunteer.

3. Identifying information regarding clients and volunteers may be used in agency publications or promotional materials if the client or volunteer has given permission.

4. For purposes of program evaluation, audit, or accreditation, and with the prior approval of the Board of Directors, certain outside bodies such as the Big Brothers Big Sisters of America may have access to client and volunteer records. These outside organizations shall be required to respect the agency policy on confidentiality. Outside parties shall be required to use information only for the purpose(s) stated in the approval action of the Board of Directors. Known violations of the policy shall be reported to the supervisor of the individual involved and appropriate disciplinary action shall be requested.

5. Members of the Board of Directors have access to client files only upon authorization by formal motion of the Board of Directors. The motion shall state who shall be authorized to review records, the specific purpose for such review and the period of time during which access shall be granted. Members shall be required to comply with the agency policies on confidentiality and may use the information only for purposes stated by the approved action of the Board of Directors. Known violations shall be reported to the Board President. A violation of the agency's confidentiality policy by a Board Member shall constitute adequate cause for removal from office.

6. Information shall only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena.

7. Information shall be provided to the Agency's legal counsel in the event of litigation or potential litigation involving the agency. Such information is privileged, and its confidentiality is protected by law.

8. State law mandates that suspected child abuse be reported to the appropriate authorities. All staff is responsible for staying abreast of such reporting requirements of their respective jurisdiction and shall always comply with mandated procedures.

9. If an agency staff receives information indicating that a client or volunteer may be dangerous to him/herself or to others, necessary steps may be taken to protect the appropriate party. This may include a medical referral or a report to the local law enforcement authorities.

10. All files will be kept in file cabinets that are locked at the end of the workday. Files are to remain in the office at all times.

I have read and understand the above document that states the agency policy with respect to confidentiality of a client and volunteer records. I agree to program participation under the condition it sets forth.

Employee's Signature _____ Date _____

Executive Director Signature _____ Date _____

630 N. IL Route 31, Crystal Lake, IL 60012 Phone: 815-385-3855
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Child Sexual Abuse Zero Tolerance Policy

In the past, people have attempted to enter Big Brothers Big Sisters programs in communities across the United States to harm children by engaging in inappropriate sexual behaviors with them. Some Big Brothers Big Sisters programs have had to cease offering mentoring services to children in our traditional one to one community-based model because these few criminal individuals have caused insurance costs to skyrocket. These few individuals have ruined what is generally a very positive experience for hundreds of thousands of children across our nation.

We provide sexual abuse education and prevention training to the children and parents in our program. We also conduct very thorough supervision and monitoring of all match relationships. This training and supervision is conducted by trained professional staff.

Our professional staff is trained to catch individuals whose intent it is to engage in inappropriate sexual behaviors with children in our program. Big Brothers Big Sisters of McHenry County has zero tolerance for this abnormal behavior. All suspected sexual abuse is reported to the police. Our agency will testify against suspected abusers in a court of law. We will do everything in our power to make sure these child abusers go to prison. This is our guarantee.

I have been given a copy of this zero tolerance policy and understand that Big Brothers Big Sisters will pursue prosecution against anyone committing a sexual act of any kind with a child. Furthermore, I state that I have never engaged in sexual activity with a child and I am not entering this program to seek an opportunity to engage in such behavior with a child. I will protect my Little Brother or Little Sister from any such activity if they are ever with me and we are around my friends, family or other acquaintances.

_____ _____

Applicant Signature Date

630 N. IL Route 31, Crystal Lake, IL 60012 Phone: 815-385-3855
www.bbbsmchenry.org

Conflict of Interest Disclosure Form

A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by the Staff Member(s)'other material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed. This Conflict of Interest Form should indicate whether the Staff Member(s) has an economic interest in, or acts as an officer or a director of, any outside entity whose financial interests would reasonably appear to be affected by the addition of the Staff Member(s) condition to Big Brothers Big Sisters of McHenry County. The Staff Member(s) should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest. Relevant Federally and organizationally established regulations and guidelines in financial conflicts must be abided by.

Date:

Name:

Position:

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

_____ I have no conflict of interest to report.

_____ I have the following conflict of interest to report

1. _____

2._____

3._____

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature: _____

Date: _____