

Volunteer Application Form

Illinois Child Identification Program (ILCHIP)

Grand Lodge of Ancient Free and Accepted Masons of the State of Illinois

Please print all information:

Name _____
 First Middle Last

Address _____ City _____ State _____ Zip _____

Email address: _____

Home phone # _____ Work phone _____ ext. _____

Cell phone# _____ other _____

Best time and way to contact: _____

Will you be willing to help out at other ILCHIP events in the area? Yes _____ No _____

Masonic Affiliation if any:

Lodge Sponsoring IL CHIP Event: _____

Are you a Mason _____ Lodge Name _____ # _____

City _____ Area _____ District _____

Other Organization if any:

Organization Representing: _____ Position held _____

Agreement and Disclosure:

-To ensure the safety of working with our children, I understand that a background check will be performed and that this application may be approved or rejected for any reason without cause.

-This form will be kept on a private database, and you may be notified of future ILCHIP events. This form will not be released for any commercial purposes and not placed on any website.

-I agree that all child identifications must be conducted free of charge and in strict accordance to the rules and regulations set forth by the Grand Lodge of Illinois.

-I acknowledge that the ILCHIP software, hardware and materials are proprietary of Grand Lodge of Illinois and that I will not alter or copy the program, software, materials or use of without the written consent of the Grand Lodge of Illinois.

Signature

Date

***** Administrative Use Only *****

Application Approved Rejected by _____