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:

-I affirm that I have not been convicted of any felony violation, sex offense, or child abuse. I consent to a criminal background check.

-This form may 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 **********

___DL or State ID viewed. ___Name checked against registry

Application Approved ___ Rejected ___ by _____