Volunteer Application Form

Illinois Child Identification Program (IL CHIP)
Grand Lodge of Ancient Free and Accepted Masons of the State of Illinois and
Most Worshipful Prince Hall Grand Lodge F&AM State of Illinois

Please PRINT all information:

Name _____
First MI Last

Address _____

City _____ State _____ Zip _____

Email address: _____

Home phone # _____ Cell # _____

Best time and way to contact: _____

Will you be willing to help out at other IL CHIP events in the area? Yes _____No _____

Masonic Affiliation, if any:

Are you a Mason: Y N Lodge Name: _____ # _____

Do you have female PHA : Y N Order : _____

Chapter/Court: _____ # _____

Other Organization, if any:

Organization Representing: _____

Position: _____

Agreement and Disclosure:

- To ensure the safety of working with our children, I understand that a background check may 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 and Prince Hall Grand Lodge.

-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 and Prince Hall Grand Lodge.

_____

Signature Date

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

Application Approved ☐ **Rejected** ☐ **By:**_____