



VOLUNTEER REQUIREMENTS

VIRTUS ACCOUNTS: www.virtus.org (if you need to create a new account it should be under Chicago, IL Archdiocese, please be sure to list St. George School as your school. This account will open to all these areas.

1. Criminal Background Check (CBC)
Automatically run every three years
2. References: 1 professional and 1 personal reference
3. Protecting God's Children (PGC) online video
Recertification every three years
4. Monthly Bulletins: Keep current
5. Mandated Reporter Training (MRT) within the Virtus site or
<https://mr.dcfstraining.org>
Every 3 years needs to recertify
6. CANTS Form 22: Acknowledgement form stating MRT was
completed with certification and the form turned into the office
7. CANTS Form 689 by September 18, 2026
8. Standards of Behavior: Complete yearly

If you have any questions please contact: cprat1@stgeorgeschool.org. Or
call Mrs. Pratl at 708-532-2626 ext. 227





August 16, 2026

Dear Parents,

The State of Illinois requires a completed Child Abuse and Neglect Tracking System form known as **CANTS**. All adults who wish to volunteer within a school setting, when students are present, must complete the form. **This year all parents are required to complete this form by September 18, 2026, if you wish to participate in any activities during the 26-27 school year.** This form must be returned to the school and we will process it through the State of Illinois. Please do not send them in on your own.

In addition to this form, **any adult must have completed a Virtus application** which can be found on our website, www.stgeorgeschool.org. This class and forms must be completed in full to participate along with the Mandated Reporting webinar, which is located on the Virtus site too. Once again, this is all located in your Virtus account. If you are a mandated reporter already please print out your certificate so I can adjust your Virtus account with the most accurate information.

If you have done Virtus training in the past, please go on your account and update all required information. If you have been placed inactive, I will need to open your account. Please email me at cpratl@stgeoreschool.org to activate your account and for any questions.

These actions are for the safety of all our students. All schools whether public or private have some procedure to protect children. This system is universal within the Archdiocese of Chicago and systems like this are used throughout the country.

Thank you for your **PROMPT** attention to this matter. No CANTS forms will be processed after September 18, 2026.

Sincerely,

Mrs. Pratl

State of Illinois
Department of Children and Family Services
AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking Systems (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

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

Parish/School/Agency: _____

Your Position (Circle One): Priest Deacon Religious Order Lay Employee Volunteer

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 _____

Please type, use bold letters or label:

safekids@archchicago.org
Archdiocese of Chicago
Mayra Flores
P.O. Box 1979
Chicago, IL 60690-1979

(Submitting Agency Fax Number)
(Submitting Agency Email Address)
(Agency Name)
(Contact Person)
(Address)
(City/State/Zip)

Submit by fax OR email

FAX to: 217-782-3991

Scan/Email to: DCFS.ArchDio689@Illinois.gov

State of Illinois
Department of Children and Family Services
AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking Systems (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

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Signed _____ Date _____

Please type, use bold letters or label:

safekids@archchicago.org

Archdiocese of Chicago

Mavra Flores

P.O. Box 1979

Chicago, IL 60690-1979

(Submitting Agency Fax Number)
(Submitting Agency Email Address)
(Agency Name)
(Contact Person)
(Address)
(City/State/Zip)

Submit by fax OR email

FAX to: 217-782-3991

Scan/Email to: DCFS.ArchDio689@Illinois.gov