



CRIMINAL BACKGROUND CHECK RELEASE FORM

I understand that a successful criminal background check is a condition of employment or volunteering with the Park Ridge Recreation and Park District or its affiliates.

I consent to the Park District or its affiliates obtaining my criminal conviction history from the Illinois State Police and/or FBI.

I understand I will be provided a copy of the criminal background check if any convictions are reported, and my duty under the law to notify the Park District or its affiliates within 7 working days if the information is inaccurate or incomplete.

I hereby fully release and discharge the Park Ridge Recreation and Park District, its affiliates, its officers, agents and employees, from any-and all claims for damages which may arise from participating in or as a result of the criminal background check, except for willful and wanton conduct.

I have read and fully understand this release form. This form will be kept on file by the affiliate for a minimum of two years.

Signature: _____ Date: _____

Printed Legal Name: (Last) _____ (First) _____ (MI) _____

Address: _____

Date of Birth: _____

Sex: M ___ F ___ Phone No: (_____) _____ Work (_____) _____

Race: Asian/Pacific Islander _____ Black _____ American Indian/Alaskan Native _____

White _____ Hispanic _____ Other _____

Organization or affiliate: _____