

Hoffman Estates Park District

Authorization for Volunteer Service Background Check

Please Print:

_____ **First Name (legal name)** **M.I.** **Last Name**

Volunteer Services Applied For: _____

I understand and agree that the Hoffman Estates Park District reserves the right to conduct a background check on me prior to my association and/or any time during my association with the Hoffman Estates Park District.

I understand that my volunteer services may be contingent upon the review of my background check to determine if I have had a criminal conviction or traffic cases which would affect the volunteer service for which I am entering into with the Hoffman Estates Park District. Additionally, at any time during my association with the Park District, continuation of my volunteer services may be contingent upon the review every two years of a background check to determine if I have any additional criminal convictions or traffic cases which would affect my association with the Park District.

I understand that the Hoffman Estates Park District reserves the right to eliminate, modify or limit my volunteer association subsequent to receipt and review of my background check.
Please be assured this information will not be used for any other purpose and will be kept in a secured location.

Please print legibly.

First: _____ Middle: _____ Last: _____

Address: _____ City _____ Zip Code: _____

Birth Date: ____/____/____ Social Security #: ____-____-____ Sex: ___M___F

Drivers License #: _____ State Issued: _____

Race: Standard Codes Are:
____W(White), ____B (Black), ____A (Asian), ____I (Indian/Alaskan), ____U (Unknown)

Signature of Applicant: _____ **Date Signed:** _____