



Criminal Background Check

Waiver and Release of All Claims — Volunteers and Coaches

All information is needed to increase the accuracy of data obtained and to reduce the possibility of being confused with another individual with the same name.

Name _____
(Last) (First) (Middle Initial)

Phone _____ Email _____

Position _____ Supervisor _____

Current Address _____

City _____ State _____ Zip _____

Previous (if less than 10 years) Address _____

City _____ State _____ Zip _____

Maiden Name _____ Date of Birth _____ Social Security # _____

Sex Male Female Driver's License or State ID # _____ State _____

Race (W) White (B) Black (A) Asian/Pacific Islander (I) American Indian/Alaskan Native (U) Unknown

Read this form carefully and be aware that, by agreeing to allow the Carol Stream Park District to investigate your background through the National Center for Safety Institute, you will be waiving and releasing all claims for damages you might sustain arising out of the criminal background check and review.

I understand that a successful criminal background check is a condition of volunteering/coaching with the Carol Stream Park District. I agree to waive and relinquish all claims I may have against the Carol Stream Park District and its officers, agents and employees, as a result of participating in the criminal background check. I hereby fully release and discharge the Park District, its respective officers, agents and employees from any and all claims from damages, which I have or which may accrue to me on account of the results of any aspect of the criminal background check.

I further agree to indemnify and hold harmless and defend the Carol Stream Park District, its respective officers, agents, servants, and employees from any and all claims resulting from damages suffered by me or arising out of, connected with, or in any way associated with any of the activities of the criminal background check and review.

I also understand that failure to submit to a criminal background check shall disqualify me from consideration for volunteering/coaching.

I have read and fully understand this Waiver and Release of All Claims.

Signature _____ Date MM/DD/YY _____

INTERNAL USE ONLY
NCSI# _____
DATE ENTERED / /

RETURN BY EMAIL: NORBY@CSPARKS.ORG
RETURN BY MAIL: CAROL STREAM PARK DISTRICT 849 W. LIES RD. CAROL STREAM, IL 60188