



Criminal Background Investigation Information Release Form for Volunteers

Please read this form carefully and be aware that by allowing the Arlington Heights Park District to investigate your background with the Illinois State Police Bureau of Identification and/or other appropriate agency, 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 pursuant to state statute (70 ILCS 1205/8-23) a successful criminal background investigation is a condition of my volunteerism with the Arlington Heights Park District.

I agree to waive and relinquish all claims I may have against the Arlington Heights Park District and its officers, agents, servants, and employees as a result of my participation in the criminal background investigation.

I do hereby fully release and discharge the Arlington Heights Park District, its respective officers, agents, servants, and employees from any and all claims from damages which I may have or which may accrue to me on account of the results of any aspect of the criminal background investigation.

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

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

Signature

Date Signed

Printed Full Legal Name

Date of Birth

Gender Male Female

Have you ever been convicted of a sexual offense or found to be a child sex offender? Yes No

For HR Use Only	
Investigating Agencies	<input type="checkbox"/> Illinois State Policy Bureau of Identification <input type="checkbox"/> Other _____
Date Completed _____	Reviewed By _____