

**GLEN ELLYN PARK DISTRICT
CRIMINAL BACKGROUND CHECK
WAIVER AND RELEASE OF ALL CLAIMS FORM**

I understand that a successful criminal background check is a condition of employment/volunteer capacity with the Glen Ellyn Park District.

I consent to the Glen Ellyn Park District 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 it is my duty under the law to notify the Park District within 7 working days if the information is inaccurate or incomplete.

I hereby fully release and discharge the Glen Ellyn Park District, 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 Glen Ellyn Park District for a minimum of 2 years.

Printed Name: _____

Date of Birth: _____ Sex: (Circle) M F

Race: White Black Asian/Pacific Islands American Indian/Alaskan

Social Security Number: _____

Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____