KENDALL COUNTY FOREST PRESERVE DISTRICT

110 WEST MADISON STREET YORKVILLE IL 60560 630 553-4025

Authorization to Release Information Concerning Background

The undersigned has applied to volunteer with the Kendall County Forest Preserve District. As part of the application process, I authorize the Kendall County Forest Preserve District to complete a criminal background check on me through the Kendall County Sheriff's Office and/or the Illinois State Police. I also authorize the Kendall County Forest Preserve District to verify my past employment history and to check my personal and professional references.

I hereby authorize any person to release any and all information necessary for the Kendall County Forest Preserve District and/or the Kendall County Sheriff's Office to complete the above-referenced investigation. I certify that I will not hold the Kendall County Forest Preserve District, the Kendall County Sheriff's Office, Kendall County and/or their respective board members, elected officials, judges, insurers, officers, employees, agents, and/or assigns liable in any way in connection with this investigation. I understand and agree that, to the extent permitted by applicable state and federal laws, falsification of any information provided by me and/or the results of the background check may be immediate grounds to deny my application to volunteer and/or may result in the immediate termination of my volunteer status with the Kendall County Forest Preserve District.

The original of this authorization shall remain on file with the Kendall County Forest Preserve District and shall be valid for a period of three (3) years from the date subscribed below. I specifically authorize the release of any information requested and agree that a photocopy of this release shall have the same validity as an original copy.

Note: All Fields Must Be Filled Out

Dated this _____ day of _____, 20___

Print Name: _____

First *Middle Initial* *Last*

Address: _____

Street

_____

City *State* *Zip*

Date of Birth: _____

Signature: _____

(Note: If applicant is a minor under the age of 18, this form must be signed by a legal guardian)

revised 01/25/13