



Southeastern Security Consultants, Inc.

VOLUNTEER

Background Consent/Release Form

PROGRAM or ORGANIZATION: _____

Applicants Name (Printed):		
Social Security Number:	Date of Birth:	
Applicants Address:		
City:	State:	Zip:

I, _____ authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- *Criminal background records/Information*
- *Sex Offender Registry Checks*
- *Addresses*

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

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance; such information will be held in confidence in accordance with the organization's guidelines.

Print Name:	Date:
Signature:	
Home Phone:	Cell Phone:

Please place an "X" in each of the organizations in which you volunteer:

Girls Softball	Flag Football	Lacrosse	O.F. Baseball
O.F. Raiders	Recreational Program	Soccer	Wrestling

**Oak Forest Park District
Offences Prohibiting Coaching
Under 70ILCS.1205\8-23**

- Attempted first degree murder
- First degree murder
- Any class X felony (mandatory imprisonment from 6 to 30 years)
- Indecent solicitation of a child
- Public indecency
- Prostitution
- Soliciting for a prostitute
- Soliciting for a juvenile prostitute
- Pandering
- Keeping a place of prostitution
- Patronizing a prostitute
- Pimping
- Juvenile pimping
- Exploitation of a child
- Obscenity
- Child pornography
- Criminal sexual assault
- Aggravated sexual assault
- Predatory sexual assault of a child
- Criminal sexual abuse
- Aggravated criminal sexual assault
- Conviction of any offense as defined in the Illinois Control Substances Act
- Conviction of any offense as defined in the Cannabis Control Act except those as defined as possession of not more than 2.5 grams of cannabis, possession of more than 2.5 but less than 10 grams of cannabis and delivery of not more than 2.5 grams of cannabis
- Any offense committed or attempted in any other state or against the laws of the United States, which if committed or attempted in this state would have been punishable as one or more of the above mentioned offenses
- Any person who has been found to be the perpetrator of sexual or physical abuse of any minor under 18 years of age pursuant to Article 2 of the Juvenile Court Act

**STATEMENT OF PURPOSE
FOR COLLECTION OF SOCIAL SECURITY NUMBERS
BY THE OAK FOREST PARK DISTRICT**

The Identity Protection Act, 5 ILCS 179/1 *et seq.*, and the Identity-Protection Policy of the OAK FOREST PARK DISTRICT (“DISTRICT”) require the District to provide an individual with a statement of the purpose or purposes for which the District is collecting and using the individual’s Social Security number (“SSN”) anytime an individual is asked to provide the District with his or her SSN or if an individual requests it. This Statement of Purpose is being provided to you because you have been asked by the District to provide your SSN or because you requested a copy of this statement.

Why do we collect your Social Security number?

You are being asked for your SSN for one or more of the following reasons:

1. Required State and Federal Tax Forms
2. Pension Forms
3. To conduct Criminal Background Checks as required by the Park District Code and Oak Forest Park District Policy

What do we do with your Social Security number?

We will only use your SSN for the purpose for which it was collected. We will not:

- Sell, lease, loan, trade or rent your SSN to a third party for any purpose
- Publicly post or publicly display your SSN;
- Print your SSN on any card required for you to access our services
- Require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted
- Print your SSN on any materials that are mailed to you, unless State or Federal law requires that number to be on documents mailed to you [ADD ITEMS FROM SECTION IV(a)(4) IF APPLICABLE]

If mailed, your SSN will not be visible without opening the envelope in which it is contained.

Questions or Complaints about this Statement of Purpose

Write to:
OAK FOREST PARK DISTRICT
15601 South Central Avenue, Oak Forest, IL 60452
Attention: Cindy Grannan – Director of Parks & Recreation

Phone Number: (708) 687-7270