



# NEW LENOX COMMUNITY PARK DISTRICT VOLUNTEER FORM

### Delivery Options:

- ✓ If you chose to submit your application by e-mail or fax, please include a **LEGIBLE** copy of your State ID or Driver's License, then this replica will become the original record on file.  
**Faxed or Scanned documents will not be accepted without copies of the required documents.**
- ✓ If you are under 18 and do not have a State ID or Driver's License, include a **LEGIBLE** copy of your School ID **AND** a copy of your parent/guardian's State ID or Driver's License.

Mail to:  
701 W. Haven Ave.  
New Lenox, Illinois 60451

E-mail to:  
[BusinessServices@newlenoxparks.org](mailto:BusinessServices@newlenoxparks.org)

Fax to:  
815.462.2590

**Please complete form in its entirety!**

### VOLUNTEER INFORMATION:

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

### EMERGENCY INFORMATION:

NAME: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

### SPECIFIC VOLUNTEER INTEREST (ex: Coaching, Concession Stand, Special Events):

Coaching Fall Kickstart Soccer  
 \_\_\_\_\_  
 \_\_\_\_\_

### OTHER AREAS OF INTEREST INCLUDE:

\_\_\_\_\_  
 \_\_\_\_\_

*I have never been convicted of or found to be a child sex offender and I certify this statement to be true and correct.*     True     False

**VOLUNTEER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\*\*\*\*\*  
*This section for office use only*  
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### SUPERVISOR INFORMATION:

DEPARTMENT: Recreation  
 SUPERVISOR'S SIGNATURE: Tammy McMahon  
 FIRST DATE OF SERVICE: 9/16/2026

## NEW LENOX COMMUNITY PARK DISTRICT VOLUNTEER/COMMUNITY SERVICE WAIVER

I, \_\_\_\_\_ have offered my services as a volunteer to help the New Lenox Community Park District in the following areas: volunteer coach for Fall Kickstart Soccer

I agree to abide by all relevant policies and administrative guidelines while on duty for the duration of the event(s) and/or my volunteer/community service period/session(s) and to attend training and loss prevention seminars that are scheduled from time to time for volunteers/community service. I understand that:

- As a volunteer or while performing community service hours, I am not entitled to any benefits provided to employees.
- The New Lenox Community Park District insurance policy will apply to liability claims that may be made against me for alleged acts while I (am/was) acting in the capacity of a volunteer or while performing community service hours.
- The New Lenox Community Park District Worker's Compensation policy will be responsible for medical costs if I am injured while acting in the capacity of a volunteer or while performing community service hours, that being said insurance will not cover any loss of income of any type nor any disability or impairment claim that I may have.
- By my execution of this waiver, I am releasing and holding harmless, the New Lenox Community Park District from any claims I may have for loss of income or disability on account of my activities as a volunteer.
- For the protection of the individuals who use its facilities, the New Lenox Park District will perform a criminal background check on approved volunteers.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Volunteers Printed Name

Staff Supervisor:

Tammy McMahon

Date: 3/3/2026



**ILLINOIS STATE POLICE**  
**Information and Technology Command**  
**Bureau of Identification**  
P O Box 408380  
Chicago, Illinois 60640-8380

**INSTRUCTIONS FOR COMPLETING CONVICTION INFORMATION REQUEST FORMS**

On January 1, 1997, the Uniform Conviction Information Act (UCIA) became law in Illinois. This act mandates that all criminal history record conviction information collected and maintained by the Illinois State Police, Bureau of Identification, be made available to the public pursuant to 20 ILCS 263.5/1 et seq. The Illinois State Police maintains Illinois criminal history record information only. The UCIA permits only conviction information to be disseminated to the public.

There are two types of Conviction Information Request forms which can be used to request UCIA information. Form ISP 6-404B (7/95) is to be used to request a fingerprint based search. Form ISP 6-405B (8/03) is to be used to request a name based search. Each form has a unique transaction control number. Consequently, copies can not be processed. All inquiries must be submitted on an original form. Forms can be obtained by contacting the Illinois State Police at (815) 740-5166. Forms can also be ordered through the Internet by selecting the Criminal History Information - How to Request entry on the Illinois State Police Internet Home Page. Our home page address is <http://www.illstateilsp>.

Requests for UCIA information are to be made according to the following instructions. Failure to complete all required fields which are marked in bold will result in the return of the request unprocessed. Also, failure to properly complete all required fields on the reverse side of this form resulting in an error, will require an additional fee upon resubmission.

1. The requester must complete a Conviction Information Request form for each conviction record requested. Maiden names must be submitted on a separate form if name is to be searched.
2. Each request must contain the requester's complete return address.
3. Each request form must be accompanied by the correct fee in the form of a personal check, money order or cashier's check payable to the ILLINOIS STATE POLICE. Multiple requests may be submitted in the same envelope with a single check enclosed to cover the total cost for all requests.
4. The individual named in the request may initiate proceedings to challenge or correct a record furnished by the Illinois State Police by contacting the Bureau of Identification at (815) 740-5166.
5. The subsequent dissemination of conviction information furnished by the Illinois State Police is permitted only for the 30-day period immediately following receipt of the information.
6. The subject's complete and accurate name, sex, race and date of birth are required in order to check the Illinois criminal history record files. Without this information, the search of the Illinois criminal history record information files could be adversely affected.
7. Please do not include or attach any other correspondence.

**IF THE REQUEST IS FOR EMPLOYMENT OR LICENSING PURPOSES, THE FOLLOWING ADDITIONAL INSTRUCTIONS APPLY:**

8. Pursuant to 20 ILCS 263.5/7, a requester must maintain on file for a minimum of 1 year a release signed by the individual to whom the information request pertains.
9. The requester must provide the individual named in the request with one of the two copies of the response furnished by the Illinois State Police.
10. Within 7 working days of receipt of such copy, the individual named in the request must notify the Bureau of Identification as well as the requester if the information furnished by the Illinois State Police is inaccurate or incomplete.

\*\*\*\*\*NOTICE\*\*\*\*\*

Any person who intentionally and knowingly requests, obtains or seeks to obtain conviction information under false pretenses, disseminates inaccurate or incomplete conviction information or violates any other provision of 20 ILCS 263.5/1 may be guilty of a crime punishable by up to one year of imprisonment and/or may incur civil liabilities.

PLEASE MAIL THIS FORM TO: ILLINOIS STATE POLICE INFORMATION AND TECHNOLOGY COMMAND BUREAU OF IDENTIFICATION P.O. BOX 408380 CHICAGO, ILLINOIS 60640-8380 PHONE: (815) 740-5160

**New Lenox Community Park District**  
**701 W. Haven Ave.**  
**New Lenox, Illinois 60451**  
**BusinessServices@newlenoxparks.org**



**BACKGROUND CHECK RESULTS RELEASE CONSENT FORM**

In conjunction with my volunteer work at the New Lenox Community Park District (NLCPD), I \_\_\_\_\_ (volunteer) consent to the release of my Illinois background check results to any Association(s) affiliated with the NLCPD.

The affiliated Association(s) know that these results must be kept confidential and can only be used in conjunction with the individual's volunteer work with the NLCPD affiliated Association, and are only good for one (1) year from the date of the background check results.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Association:** \_\_\_\_\_

**Assoc. Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_



## Coaches Code of Conduct

- As a coach, I understand I am a role model and will be held accountable to a code of behavior
- Place the emotional and physical well being of the players ahead of a personal desire or external pressure to win
- Do my best to provide a safe playing environment for all children
- Lead by example by demonstrating fair play and sportsmanship to all involved
- Provide a sports environment for my team that is free of drugs, alcohol, tobacco and abusive/inappropriate language
- Respect the game and communicate with league officials in an appropriate manner
- Be knowledgeable of the league rules and regulations
- Encourage team members to play by the rules and respect the rights of other players, coaches, fans, and officials
- Be responsible for my own behavior and also the behavior of my team members, their parents and fans

**Failure to comply will result in disciplinary actions being taken to resolve the issue. Actions may include but are not limited to verbal warnings, ejections and/or suspensions. Incidents will be handled how staff deems appropriate based on the severity of the incident.**

**I have read the Coaches Code of Conduct and understand that it is my responsibility to comply with the code of conduct.**

**Coaches Name (please print)** \_\_\_\_\_

**Coaches Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_