



## NEW LENOX COMMUNITY PARK DISTRICT COURT ORDERED COMMUNITY SERVICE 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, shaded areas are mandatory for processing.**

### **PERSONAL INFORMATION:**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

REASON FOR COMMUNITY SERVICE/COURT CASE #: \_\_\_\_\_

HOURS REQUIRED: \_\_\_\_\_ REQUIRED COMPLETION DATE: \_\_\_\_\_

I AM AVAILABLE ON (please circle all that apply):

SUN MON TUES WED THUR FRI SAT During or after time: \_\_\_\_\_

SPECIAL SKILLS AND/OR EXPERIENCE: \_\_\_\_\_

### **EMERGENCY INFORMATION:**

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

RELATIONSHIP: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\*  
*This section for office use only*  
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### **COMPLETION VERIFICATION:**

This confirms that the above named individual has performed \_\_\_\_\_ hours of community service in the \_\_\_\_\_ Department(s) of the New Lenox Community Park District. These duties were performed on/between \_\_\_\_\_.

\_\_\_\_\_  
HUMAN RESOURCES REPRESENTATIVE

\_\_\_\_\_  
DATE:

## **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: \_\_\_\_\_

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: \_\_\_\_\_

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

# UNIFORM CONVICTION INFORMATION ACT NAME INQUIRY

(Please see the reverse side for instructions on completing this form)  
(All fields marked in BOLD are mandatory)



Transaction Control Number



FRM1130L53668738

Document Control Number

L53668738

Submitting Agency ORI - NCIC (if applicable)

IL



\* Subject's Last Name

\* First Name

\* Middle Name

\* Date of Birth

\* Sex

\* Race

The code values used in the Illinois State Police name search much include valid National Crime Information Center code values for certain fields. These fields include sex codes and race codes. The standard code values for sex codes include "M" for Male, "F" for Female, or "U" for Unknown. The standard code values for race codes include "W" for White (includes Mexicans and Latinos), "B" for Black, "A" for Asian/Pacific Islander, "I" for Indian/Alaskan Native, or "U" for Unknown. If your submission contains values other than the standard code values, the search results could be adversely affected.

Social Security Number

Driver's License Number

DL State

Requester's Name

Agency/Company Name

Return Address

Street Address:	City:	State:	Zip Code:
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Foreign State/Country

Foreign Postal Code

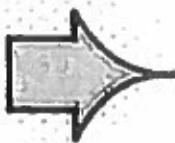
Licensing or Employment Purpose

☐

(Yes)

☐

(No)



\* Signature

\_\_\_\_\_

\* Date

\_\_\_\_/\_\_\_\_/\_\_\_\_

Please type or print all information.

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, 1991, 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 2635/1 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 (7/93) 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) 740-5216. 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.im.state.il.us>

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) 740-5160.
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 2635/7, a requester must maintain on file for a minimum of 2 years 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 2635/1 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