Tri-Township Park District

http://homepages.apci.net/~tritown
409 Collinsville Road
Troy, Illinois 62294
Telephone: 618-667-6887
Fax: 618-667-7355

Tri-Township Park Volunteer
Background Check Authorization

I am requesting to be a volunteer for the Troy Soccer Club and/or the Tri-Township Park Baseball/Softball League. I understand that these are youth orientated sports activities and that it is a privilege to serve as a volunteer. I agree to behave in a proper manner and to refrain from any tobacco use, swearing, and alcohol consumption. I understand, as a volunteer I am acting on behalf of the Tri-Township Park District (TTPD), and that my acceptance as a volunteer is contingent upon a background investigation. I authorize the TTPD to perform such a background check, and understand that I will receive a copy of the results at the earliest possible date.

PLEASE PRINT AND USE THE LEGAL SPELLING OF YOUR NAME.

_____ _____ _____
Last Name First Name Middle Initial

_____ _____ _____ _____
Street Address City State Zip

_____ _____ _____ _____
Date of Birth (mm-dd-yyyy) Sex Race Social Security Number

_____
Email

_____ _____
Signature Date