

# Village of Mahomet Parks and Recreation

218 S. Lake of the Woods Rd - P.O. Box 259 - Mahomet, IL 61853  
Office Phone (217) 586-6025 Fax (217) 586-5696  
www.mahometrecreation.com



## **- CONFIDENTIAL -** **VOLUNTEER BACKGROUND INVESTIGATION FORM (BIF)**

Today's Date \_\_\_\_\_ Program/Age Group \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Full Name \_\_\_\_\_ Maiden Name \_\_\_\_\_  
(First Middle Last)

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License # \_\_\_\_\_  
(REQUIRED)

Height \_\_\_\_\_ Weight \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

- I give my permission to the Mahomet Police Department, Mahomet, Illinois or it's agent to check criminal history files of Champaign County, Illinois, and /or other Law Enforcement agencies that are deemed necessary, and obtain any information contained in those files regarding me.
- I give my permission to other Law Enforcement agencies to release to the Mahomet Police Department information contained in their files regarding me.
- I recognize the right of the Mahomet Police Department to consider, at its discretion, the information located in those files. I recognize that certain sources of information are confidential, and that Mahomet Police Department has the right to withhold from me such confidential sources and information obtained there from.

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

\_\_\_\_\_  
Parent/Guardian Print Name & Signature (applicants 17 & under)

**Please return completed form to:**  
**Village of Mahomet Parks & Recreation Department**  
**218 S. Lake of the Woods Rd (PO Box 259)**  
**Mahomet, IL 61853 or Email: mahometrec@mahomet-il.gov**

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**Mahomet Police Department Use Only**

Department Approval

Department Disapproval

Signature \_\_\_\_\_ Date \_\_\_\_\_