

Hope Reigns Ranch

Applicant: (Please Print Full Name) \_\_\_\_\_

**CONSENT FOR CRIMINAL BACKGROUND CHECK**

Each HHR staff member or volunteer who is to receive a criminal background history check must sign an authorization/waiver/indemnity form (shown below), giving approval for HHR to perform the criminal background search.

The Department of Public Safety recommends that the following information be obtained for identification purposes: Social Security number, driver’s license number, and length of residence in Illinois. Additional information may also be requested.

**AUTHORIZATION, WAIVER AND INDEMNITY**

I, the applicant named above, hereby give my permission for HHR to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data, as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for employment or a volunteer position with HHR. I also understand that, as long as I remain an employee or a volunteer with HHR, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history report and a procedure is available for clarification if I dispute the record as received.

I, the Applicant named above, do, for myself, my heirs, executors, and administrators, hereby remise, release, and forever discharge and agree to indemnify and hold harmless Hope Reigns Ranch and each of their officers, directors, employees, and agents from and against any and all causes of action, suits, liabilities, costs, debts and sums of money, claims and demands, whosoever, and any and all related attorney’s fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become an employee of, or volunteer for, Hope Reigns Ranch.

AGREED: (Signature) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Social Security Number                      Drivers License Number and State  
(This information is required to complete a background check and will be kept confidential).

How long have you lived in Illinois? \_\_\_\_\_ Print ALL other name(s) used:

\_\_\_\_\_  
Applicant’s MAIDEN name – Please Print                      1. \_\_\_\_\_

\_\_\_\_\_  
Applicant’s Current Address – Street                      2. \_\_\_\_\_

\_\_\_\_\_  
Applicant’s Current Address – city, state, zip                      3. \_\_\_\_\_

I represent to HHR that I am the parent or guardian of the Applicant whose signature appears above. On behalf of the Applicant, I agree to and accept all of the provisions of the foregoing Consent for Criminal Background Check. I am authorized to sign this Statement on behalf of the Applicant and my doing so legally binds the Applicant as if he or she were not a minor.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN                      DATE  
**TO BE RENEWED IN ONE YEAR**