Informed Consent to Conduct Criminal Background Check for Interfaith Volunteers

218-821-7454 | Interfaithvolunteers.org | interfaithvolunteers18@gmail.com

Date: _____

The individual named below is applying to volunteer with Interfaith Volunteers and must consent to a criminal background check.

Last Name of Applicant (please print):

_____

First Name (please print):

_____

Middle Name (full, please print):

_____

Maiden, Alias, or Former Name (please print):

_____

Date of Birth: _____

Sex (M or F): _____

Social Security Number (optional):

_____

I authorize the Minnesota Bureau of Criminal Apprehension to release all criminal history record information to Interfaith Volunteers for the purpose of evaluating my application to volunteer with this organization. *This authorization will expire one year from the date of my signature.*

Signature of Applicant:_____Date:_____

Notary: _____