



AUTHORIZATION FOR RECORDS CHECK

To facilitate the verification of information contained within your volunteer application, a criminal history check will be made with the Minnesota Department of Public Safety, Bureau of Criminal Apprehension (BCA), local law enforcement agencies or other repositories of criminal history data. The criminal history check may disclose both adult and juvenile records. The information you are being asked to provide will be used to assure that an accurate inquiry of the records systems can be made through all law enforcement records and data bases, in whatever format. You are not legally obligated to provide this information, however we will be unable to allow you to continue in the volunteer process without the data. The information requested in this authorization is classified as private under the Minnesota Data Practices Act and will only be used for the purpose specified.

Name: _____
(Last) (Full First) (Full Middle)

Date of Birth: ____ / ____ / ____ **Gender:** Male Female
(Month) (Day) (Year)

Race: African-American American Indian or Alaskan Eskimo Asian
 Caucasian Native American or other Pacific Islander Hispanic or Latino

States of residence over the last ten years:

_____, _____, _____

Specify any other names you have gone by or that you have been known by. State none, if inapplicable.

Specify your driver's license number and state of issue:

Number: _____ State of Issue: _____

I authorize the City of Bloomington to conduct the records check as specified above and, if selected to volunteer by the City of Bloomington, I authorize the conduct of an annual records check to determine my continued qualification for volunteering with the City of Bloomington.

Signature: _____ Date: _____
(Parent/Guardian if under 18)

I do not consent to a records check.

Signature: _____ Date: _____
(Parent/Guardian if under 18)

7/2010