

Informed Consent to Conduct Criminal Background Check
Faith in Action in Red Wing
320 West Ave. Suite B
Red Wing, MN 55066
651 327 2400

Date: _____

The following named individual has made an application with this agency to perform volunteer services for Faith in Action in Red Wing.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full)(please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____ **Sex (M or F):** _____
Month/Day/Year

Social Security Number (optional): _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to Faith in Action in Red Wing for the purpose of becoming approved to perform volunteer services with this agency.

The expiration of this authorization shall be one year from the date of my signature.

Signature of Applicant _____ **Date** _____

Notary: