



FORM EG-4106-A

Independent School District No. 621
350 Highway 96 West • Shoreview • MN • 55126 • Phone 651-639-6020 • Fax 651-639-6033

VOLUNTEER CRIMINAL BACKGROUND CHECK

SCHOOL COMPLETES THIS SECTION

Date: _____

The following named individual has made application to volunteer at _____
of Mounds View Schools. (school)

The program he/she is volunteering for is: _____

VOLUNTEER COMPLETES THIS SECTION ---- PLEASE PRINT CLEARLY

Full name of volunteer: _____
Last First Middle (not maiden)

Maiden, Previous, Alias: _____

Date of Birth: _____

Required: I have attached a copy of my driver's license or government issued photo ID to aid in this process.

I authorize the Minnesota Bureau of Criminal Apprehension to disclose my criminal history record information to Mounds View Schools pursuant to Minnesota State Statue 123B.03 for the purpose of volunteering with this agency.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of applicant

Date

Revised: 3-8-06 (address change only)