



Pike Lake Education Center
2101 14th Street NW, New Brighton, MN 55112
Phone: 651-621-7400 Fax: 651-621-7405

2009 - 2010
After School Ski and Snowboard Program
VOLUNTEER CRIMINAL BACKGROUND CHECK

Please complete this form and send along with a copy of your Drivers License to your student's school.
Or Fax to: 651-621-7405
Or Mail To: Pike Lake Education Center, 2101 14th Street N.W., New Brighton, MN 55112
Attn: Ski Program
ALL STUDENT SKI REGISTRATIONS & PAYMENTS ARE TO BE TURNED IN AT THE SCHOOL THE STUDENT ATTENDS. REGISTRATIONS SHOULD NOT BE SENT TO THE ABOVE FAX # OR ADDRESS
A Ski Supervisor from the school you wish to chaperone for will contact you.

~PLEASE PRINT CLEARLY~

Date: _____

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

I am volunteering for: After School Ski and Snowboard Program Chaperone

Please circle which session and days you wish to chaperone:
Session I - Monday Session 1 - Tuesday Session 2 - Monday Session 2 - Tuesday

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.

Contact Information:

Home Phone: _____
Cell Phone: _____
Email Address: _____

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