



Community

EDUCATION

Mounds View Public Schools

2021-2022 After School Ski and Snowboard Program Volunteer Chaperone

CRIMINAL BACKGROUND CHECK

~PLEASE PRINT CLEARLY~

Please complete this form and send with a copy of your Driver's License.

Form can be returned:

- In person to your student's school
- By Email to: [barbra.grund@moundsviewschools.org](mailto:barbra.grund@moundsviewschools.org)
- By Mail to: Mounds view Public Schools  
Attn: After School Ski/Snowboarding Program  
4570 Victoria St N., Shoreview, MN 55126

Date: \_\_\_\_\_

The following named individual has made application to volunteer at \_\_\_\_\_ of Mounds View Schools.  
school

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

Please circle which day you wish to chaperone: Monday Tuesday

Full name of volunteer \_\_\_\_\_  
Last First Middle (not maiden)

Maiden Name or previous alias: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**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 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

**Questions?** Contact Barbi Grund at 651-621-6055