



Annandale Public School District 876

125 Cherry Avenue North - P.O. Box 190 - Annandale, MN 55302 - Phone: 320-274-5602 - Fax: 320-274-5978

VOLUNTEER CRIMINAL BACKGROUND CHECK:

(This will be completed at no cost to the volunteer)

Date: _____

The following named individual has made application to volunteer at **Annandale Public Schools.**

The program or event he/she is volunteering for is: _____

Full name of volunteer: _____
Last Name First Name Middle

Maiden, Previous, Alias: _____

Date of Birth: _____

***Required: A copy of current driver's license or government issued photo ID is required to complete this process.**

I authorize the Minnesota Bureau of Criminal Apprehension to disclose my criminal history record information to Annandale Public Schools ISD #876 pursuant to Minnesota State Statute 123B.03 for the purpose of volunteering with this school district.

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

Signature of Applicant

Date