



Senior Resources of Freeborn County

Agency Account Number: T073777433 Non-Profit Organization

Date: _____

The following named individual has made application with this agency for a Volunteer.

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

Address: _____

City: _____ **State:** _____ **Zip:** _____

Driver's License Number: _____

Social Security Number (optional): _____

I hereby authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to Senior Resources of Freeborn County for the purpose of volunteering with this agency.

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

Signature of Applicant _____ **Date** _____

Notary: _____ **Date:** _____