

# SCOTT COUNTY HUMAN SERVICES

Government Center 300  
200 4<sup>th</sup> Avenue West  
Shakopee, MN 55379-1220  
952.496.8169

\_\_\_\_\_  
NAME OF APPLICANT (PRINT)

## VOLUNTEER OFFICE AUTHORIZATION FOR BACKGROUND STUDY

**To the Volunteer:** Please complete this form. We may send this request to the county social services agency, BCA, county sheriff, juvenile court, or local police to collect reports on criminal charges, arrests, abuse or neglect, or other investigations (Minnesota Statutes, Section 13.87). This may include a former place of residence.

I understand what this notice says. I agree to authorize the release of information about me regarding my volunteer application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian if under 18

\_\_\_\_\_  
Date

**SUBJECT DATA.** (Please print information clearly)

Name (Last, First Full Middle)	Other Names Used (including maiden and previous married names)			
Current Street Address	City	State	County	Zip
Driver's License Number / State	Date of Birth	Sex	Race	

I have continuously resided at the above address for 5 or more years.  Yes  No  
If no, please list addresses below where you maintained residence during the last five years.

Address	City	County	State	Dates

You may withdraw or cancel a written consent form at any time prior to release of the requested information. In any case, **THIS CONSENT FORM** expires one year after date of signature. **A PHOTOCOPY OF THIS FORM SHALL BE ACCEPTED IN PLACE OF ORIGINAL.**

**THIS SECTION TO BE COMPLETED BY THE CHECKING AGENCY**	
<input type="checkbox"/> We have no information <input type="checkbox"/> Information attached	
Date	Title
Signature	Agency