



Permission for Background Check

Little Brothers - Friends of the Elderly is a non-profit agency
BCA Account # 6127216215

Date: _____ Telephone Number _____

The following named individual has made application with this agency for a volunteer position:

Last Name (please print): _____

First Name (please print): _____

Middle Name (please print): _____

Maiden, Alias, or Former (please print): _____

Date of Birth: ___/___/_____ Sex: (M or F)

Social Security #: (Optional) _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to **Little Brothers - Friends of the Elderly** for the purpose of 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: _____

PLEASE NOTARIZE THIS PORTION BEFORE SUBMITTAL



State of Minnesota
County of Hennepin

On this _____ day of _____ before me personally appeared _____
Date Month Year Printed name of signer

As the signer of the above document and he/she signed the document willingly for the purpose expressed in it.

Witness my hand and official seal:

Signature of Notary

Notary's Printed Name County in which Commissioned Expiration Date

Signer's identity verified in the following manner:

___ personally known to me.
___ produced identification: Type and # of ID: _____
