

**Volunteer Criminal History Background Check**  
**Independent School District #22**  
**702 Lake Avenue**  
**Detroit Lakes, Minnesota 56501**  
**218-847-9271**

**Today's Date:** \_\_\_\_\_ **Volunteer Position:** \_\_\_\_\_

Under Minnesota Statute 123B.03, the school district is required to request a criminal history background check from the Minnesota Bureau of Criminal Apprehension for **academic or athletic volunteers** in the school district. In order for academic or athletic volunteers and other volunteers designated by the District to be eligible to provide services, you must provide an executed criminal history consent form. The \$15.00 fee for conducting the criminal history background check will be paid by the school district. Failure or refusal to authorize a background check, will make you ineligible for volunteer or other assignments with the school district.

**CONDITIONAL PROVISION OF SERVICES:** I understand the school district may permit me to commence athletic coaching services, extracurricular academic coaching services or other volunteer services pending completion of the criminal background check and acknowledge and agree that my services may be terminated based on the result of the background check.

I authorize the Bureau of Criminal Apprehension to disclose all criminal history record information to Detroit Lakes Public Schools pursuant to Minn. Stat. 123B.03 for the purposes of volunteering services with this school district. The expiration of this authorization shall be one year from the date of my signature.

_____ Signature of Volunteer	_____ Print <b>Complete</b> Name
Sex (M or F): _____	_____ Maiden, Alias or Former Name (Please Print)
_____ Social Security Number	_____ Date of Birth
_____ Today's Date	