



FORM EG-4106-A

Independent School District No. 621  
4570 Victoria Street N • Shoreview • MN • 55126 • Phone 651-639-6020 • Fax 651-639-6033

VOLUNTEER CRIMINAL BACKGROUND CHECK

**SCHOOL COMPLETES THIS SECTION**

Date: \_\_\_\_\_

The following named individual has made application to volunteer at \_\_\_\_\_  
of Mounds View Schools. (school)

The program he/she is volunteering for is: \_\_\_\_\_

**VOLUNTEER COMPLETES THIS SECTION ---- PLEASE PRINT CLEARLY**

Full name of volunteer: \_\_\_\_\_  
Last First Middle (not maiden)

**Maiden**, Previous, Alias: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Required:** I have attached a copy of my driver's license or government issued photo ID to aid in this process.

I authorize the Minnesota Bureau of Criminal Apprehension to disclose my criminal history record information to Mounds View Schools pursuant to Minnesota State Statute 123B.03 for the purpose of volunteering with 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