



*Proud of my Child, Proud of my Choice*

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number Date of Birth (Month/Day/Year) Gender (M/F)

\_\_\_\_\_  
Former Name(s)/Maiden Name(s)/Alias Date of Change

To ensure the safety and security of our students, families, employees, Cologne Academy reserves the right to conduct criminal background checks on volunteers.

I hereby authorize Cologne Academy to obtain the following information in connection with my application to volunteer: criminal records, **Minnesota Bureau of Criminal Apprehension criminal history as provided for in Minnesota Statute 123B.03**. I acknowledge that Cologne Academy has informed me that it may make use of this information in evaluating my application to volunteer, and in Cologne Academy's decisions regarding my ability to volunteer with Cologne Academy. By signing this form you are allowing the above named company/individual to access any data maintained in these files which applies under the statute and authorize this background check to be performed. I hereby authorize Cologne Academy to make use of the above referenced information and release Cologne Academy and any entity that provides information to Cologne Academy from liability in connection with this information. My ability to volunteer is contingent upon a satisfactory background investigation. I authorize the reinvestigation of any of the above information, at any time, while actively volunteering with Cologne Academy.

Have you ever been charged with or convicted of a Misdemeanor or Felony crime? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain in some detail, including what county and state, and in what year:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Listed below is my current address plus addresses where I have lived in the past seven- (7) years.** (Additional addresses should be listed on the back)

Address	City, State and Zip Code	Date: From Date: To
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**Please attach a check payable to MN BCA in the amount of \$15 for the cost of the background check.**

I agree to promptly inform the school if anything on my criminal background changes.

Signature \_\_\_\_\_ Date \_\_\_\_\_