Community EDUCATION
Mounds View Public Schools

After School Ski and Snowboard Program Volunteer Chaperone

CRIMINAL BACKGROUND CHECK

~PLEASE PRINT CLEARLY~

Please complete this form and send with a copy of your Driver's License.

Form can be returned:

- In person to your student's school
- By Email to: barbra.grund@MVPschools.org
- By Mail to:

  Mounds View Public Schools
  Attn: Community Education
  4570 Victoria St N., Shoreview, MN 55126

The following named individual has applied to volunteer at _____ of Mounds View Schools.
(Name of school)

I am volunteering for: **After School Ski and Snowboard Chaperone**

Please circle which day you wish to chaperone: Monday Tuesday

Full name of volunteer _____
First Last Middle (not maiden)

Maiden Name or previous alias:_____ Birth Date: _____/_____/_____

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

Contact Information: Cell Phone: _____
Email Address: _____

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 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

Questions? Contact Barbi Grund at 651-621-6055 or barbra.grund@mvpschools.org