



District Office
125 Cherry Ave N, Annandale, MN 55302
PO Box 190, Annandale, MN 55302
Phone: 320-274-5602 Fax: 320-274-5978 www.isd876.org

Volunteer Criminal Background Check

This will be completed at no cost to the volunteer

DATE: _____

The following named individual has made an application to volunteer at Annandale Public Schools.

Full name of volunteer: _____
Last Name First Name Middle

Maiden, Previous, Alias: _____

The program or event he/she is volunteering for is: _____

Required: A copy of current driver's license or government issued photo ID is required to complete this process.

I authorize the Minnesota Bureau of Criminal Apprehension to disclose my criminal history record information to Annandale Public Schools #876 pursuant to Minnesota State Statute 123B.03 for the purpose of volunteering with this school district.

The expiration of this authorization shall be for a period of no longer than two years from the date of my signature.

Signature of Applicant

Date