

**CROSBY-IRONTON SCHOOLS
VOLUNTEER BACKGROUND CHECK FORM**

A school authority may request a criminal history background check on any individual who seeks to enter a school or its grounds for the purpose of serving as a school volunteer.

Please return this form to the Front Office

Please print all required information

Phone Number: _____
(so our Volunteer Coordinator can contact you to make your volunteer arrangements)

Last Name: _____

First Name: _____

Middle Name: _____

Maiden, or former: _____

Date of Birth: _____ Sex: _____ (M or F)
Month/Day/Year

Social Security Number (Optional): _____

I authorize the Minnesota Public Criminal History to disclose all criminal history record information to Crosby-Ironton School District #182 for the reason listed above with this agency.

Conditional: I understand that the Crosby-Ironton School District #182 may permit me to commence my volunteer duties pending completion of my criminal history background check and agree that I may not be permitted to continue volunteer activities with the school district based on the result of the background check.

This authorization shall be in effective for the school year period from the date of my signature.

Signature

Date _____