



Mailing Address: P.O. Box 191 • Bemidji, MN 56691
Physical Address: 1600 Minnesota Ave. • Bemidji, MN 56601
www.bgcbemidji.com • 218-444-4171 • Fax 218-444-0870

BACKGROUND INVESTIGATION AND EXCHANGE OF INFORMATION RELEASE

I understand that as part of the process of applying to become an employee and/or volunteer of the Boys & Girls Club of the Bemidji Area (BGCBA). **BGCBA will investigate my background (driving record and criminal history record) and check my character references.** I thereby authorize any herein persons, and local and state agencies (employers, courts, health and social services) to release any information requested by BGCBA relevant to my employment/volunteer candidacy.

I also understand that information from my application, background investigation, references, and notes from my interview may be shared with the BGCBA Board as part of the application process.

I have read and understand the above and give my permission for the background investigation and exchange of information I have provided as it pertains to the employment and/or volunteer process. I certify that all the information in my application is true and accurate. I understand that any misrepresentation of personal information or history may result in non-acceptance or termination from BGCBA.

Applicant (print): _____

Applicant's Signature: _____

Date: _____



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CONSENT TO RELEASE INFORMATION

The following named individual has been offered employment or the opportunity to volunteer with the Boys & Girls Club of the Bemidji Area

Last Name (please print) First Name Middle (full)

Street Address: City: Zip:

Phone #

FULL Maiden, Alias, or Former Name (please print)

Date of Birth: Sex (Male or Female) Social Security #

We respect the privacy of your social security number, however the number is required to perform a background check.

Driver's License # State Expires

List ALL Counties and States you have lived in the last ten (10) years (include current county) and the length of time you resided in each county (Use the back of this form, if you run out of room):

Table with 3 columns: County, State, Length of Time

I authorize the Boys & Girls Club of the Bemidji Area to receive information from and provide information to:

Agency or Specific Individual: Minnesota Bureau of Criminal Apprehension, Social Services, Law Enforcement

Information Regarding: All Criminal History Records, Driving Records, and all Records of Maltreatment of Children and/or Vulnerable Adults

For Purposes of: Securing a Safe Adult Leader to work with Children

I understand that no other uses or release will be made of the data except as otherwise authorized by law. I understand I am under no obligation to consent to this release and that there will not be any adverse consequences to me if I choose not to sign this consent. I understand that this authorization applies to records prepared before and after the date of this authorization. I understand that I may later revoke this consent only if the new use of dissemination, which I am authorizing here, has not taken place.

This release shall be effective for two years from date signed.

Notary Stamp/Seal box

DO NOT SIGN THIS FORM until you have a Notary Public to witness your signature. After a Notary Public has witnessed and certified the validity of your signature, they will need to sign and stamp the form. (A Notary Public can be found at Banks, Mortgage Companies, the Post Office, a Library, City Hall, Law Offices...)

Applicant Signature Date

Notary Public Signature Date