

Informed Consent (123B.03)  
Volunteer Form  
Heartland Christian Academy  
9914 Heartland Circle NW  
Bemidji, MN 56601  
218-751-1751

Date: \_\_\_\_\_

The following named individual will be volunteering with this agency.

**Last Name** (please print): \_\_\_\_\_

**First Name** (please print): \_\_\_\_\_

**Middle Name** (please print): \_\_\_\_\_

**Maiden, Alias or Former Name** (please print): \_\_\_\_\_

**Address** \_\_\_\_\_

**Social Security #** \_\_\_\_\_

**Drivers License:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex (M or F):** \_\_\_\_\_  
(Month/Day/Year)

I authorize the Minnesota Bureau of Criminal Apprehension to disclose criminal history record information to Heartland Christian Academy pursuant to Minnesota State Statute 123B.03, subdivision 1 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** \_\_\_\_\_

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• We are requesting a federal check pursuant to Minnesota State Statute 299C.62 on this individual as well.

**Office Use Only:**

Date Entered: \_\_\_\_\_ Confirmation Number \_\_\_\_\_ Signature \_\_\_\_\_