

CENTRAL MN COUNCIL ON AGING
3333 W Division Street, Suite 217
St. Cloud, MN 56301
320.253.9349

VOLUNTEER RELEASE OF INFORMATION FORM
Non - Profit Organization - T202539349

I, _____,
authorize the Minnesota Bureau of Criminal Apprehension to release any criminal records that have been compiled on me to Central Minnesota Council on Aging. Central Minnesota Council on Aging is the coordinating agency for Minnesota Aging Pathways volunteer program. I understand that any criminal records will be an influencing factor in determining my eligibility as a Minnesota Aging Pathways volunteer.

(Volunteer Name) Please Print

(Social Security Number)

(Maiden Name) Please Print

(Date of Birth)

(Race)

(Sex)

(Volunteer Signature)

(Date)

(Notary)

(Date)