

TREKNORTH

**TrekNorth High School
2518 Hannah Avenue NW
Bemidji, MN 56601**

Phone: 218-444-1888
www.treknorth.org

The following named individual has made application with this agency for volunteering.

Please print all answers.

Last Name of Applicant: _____

First Name: _____

Middle Name: _____

Maiden Alias, or Former: _____

Date of Birth: ____/____/____ (Month/Day/Year)

Sex (M or F): _____ Social Security Number _____

Driver's License #: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ Phone (Work): _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose criminal history record information to the TrekNorth High School for the purpose of volunteering with this agency.

The expiration of this authorization shall be one year from the date of my signature.

Signature of Volunteer

Date

Notary Public Signature

Date