

# General Criminal Background Check

**Informed Consent**  
Underdog Rescue, MN  
PO Box 16453  
St Louis Park, MN 55416  
952-929-0777

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

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

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

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

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

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

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

**Social Security Number** (optional): \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to **Underdog Rescue, MN and any of its staff** 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 Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Notary:**