

Criminal Background Check- Informed Consent for Volunteers

**ARAGBA
Anoka Girl's Basketball Association**

Date: _____

The following named individual has made application with this organization as a volunteer.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full) (please print): _____

Maiden, Alias or Former: (please print) _____

Social Security #: (optional) _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to ARAGBA (Anoka Girls Basketball Association) for the purpose of volunteering with this organization.

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