

Volunteer Criminal Background Check Form



Minnesota Government Data Practices Notice: Information requested on this form is governed by the *Minnesota Government Data Practices Act*, Minn. Stat., §13.04 that requires the Minnesota Department of Natural Resources (DNR) to provide you with the following notice regarding the information you provide on this form. The purpose for requesting the data is to comply with the DNR's policies prior to completing a job offer, volunteer or job duty assignment. You are not legally required to provide the information; however, the DNR will not employ individuals or utilize volunteers who refuse to provide the information. DNR employees whose jobs reasonably require access to the data will have access to the information you provide.

PROVIDE FULL LEGAL NAME OF APPLICANT *(Please print legibly)*

Last Name:		
First Name:	Middle Name:	
Maiden, Alias or Former Name(s):		
Date of Birth (mm/dd/yyyy):	Gender (Select one):	M / F F

Complete the remaining sections ONLY if position will be assigned driving duties:

Driver's License #:	State Where License Issued:
License Class:	Endorsements on License:

List all Driver's Licenses issued within the past 5 years (if applicable)

Driver's License #:	State Where License Issued:
Driver's License #:	State Where License Issued:

I authorize the Minnesota Department of Natural Resources to conduct a criminal background check on me for the purpose of volunteering with the Minnesota DNR. The expiration of this authorization shall be for a period of no longer than one year from the date of my signature.

I authorize the Minnesota Bureau of Criminal Apprehension or other state or federal law enforcement agencies to disclose all criminal history record information on me to the Minnesota DNR for the purposes of volunteering with the Minnesota DNR. The expiration of this authorization shall be for a period of no longer than one year from the date of my signature.

I authorize that private personnel data from any State agency that I have been employed be released to the DNR for the purposes of volunteering with the DNR.

I authorize the DNR to obtain my Motor Vehicle Record (MVR) from any state where I have held a driver's license in the past 5 years. I also understand that my MVR will be obtained and reviewed annually.

Volunteer Signature	Parent or Guardian Signature for minor volunteers	Date
Volunteer Email Address	Volunteer Phone Number	

To be completed by DNR Staff *(Please print legibly)*

Volunteer supervisor's name & work phone	Date
Division/Unit and work location	

Return completed form to the supervisor or coordinator you are volunteering for.