



# Volunteer Application

PERSONAL		
Last Name	MI	First Name
Street Address, City, State, Zip		Phone:
Email		Cell Or Other Phone (if available)

AVAILABILITY							
Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

EMPLOYMENT HISTORY	
Employer Name	Telephone:
Address	Dates employed From:            To:
Name of Supervisor	May we contact the employer? Yes___ No___
Description of Duties	

REFERENCE (not related)		
Name	Relationship	Phone number

OTHER INFORMATION	
What are your volunteer interests?	For office use only (notes):

# **CITY OF NEW BRIGHTON BACKGROUND INVESTIGATION FORM**

## **Tennessean Warning/Data Practices Notice to All Applicants**

The background information that you provide the City of New Brighton will be used to determine your suitability and qualifications serving as a volunteer with the City.

Under Minn. Stat. § 13.43 of the Minnesota Government Data Practices Act, information on individuals may be treated as private or public data. Private data is data that is not public and is available to the individual subject of the data (you) and other individuals who require access as part of their job. Public data is data that is accessible to the public generally. The information collected as part of this background investigation is private information about you. You are not legally required to provide this information, however, failure to provide this information may result in your application not being considered. The information you provide will also be provided to City personnel whose jobs require access to the information and any other persons if required by a court order.

If any information provided as part of your background investigation form is found to be false the City will eliminate you from consideration of being a volunteer with the City of New Brighton.

### **Consent**

I acknowledge that I have read and understand the above information. I consent to the City of New Brighton Public Safety Department conducting a criminal history background investigation on me in order to determine my suitability and qualifications to serve as a volunteer with the City.. I understand that the information I provide is classified as private. I consent to the release of the information I am providing in this background investigation form and any other information obtained as a result of this background investigation, as is necessary and appropriate, to the City of New Brighton.

Signed: \_\_\_\_\_

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

**CITY OF NEW BRIGHTON  
BACKGROUND INVESTIGATION FORM**

**PERSONAL INFORMATION**

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<b>Last Name</b>	<b>First</b>	<b>Full Middle</b>	<b>Date of Birth</b>
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<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>Home Phone</b>	<b>Work Phone</b>	<b>Other/Cell</b>
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**Gender** \_\_\_\_\_

**Race** \_\_\_\_\_

**DRIVER LICENSE INFORMATION**

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**List all driver licenses you have now or have had in the past.**

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<b>Driver License Number</b>	<b>Type</b>	<b>Status</b>
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**Has your license ever been restricted? If yes, please explain.**

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**Have you ever had your license revoked, suspended or cancelled? If yes, please specify which license, when and why.**

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**CRIMINAL HISTORY**

**Have you ever been charged with a non-traffic criminal violation? If yes, please explain below.**

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<b>Date</b>	<b>Charge</b>	<b>Investigating Agency</b>	<b>Disposition</b>
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<b>Date</b>	<b>Charge</b>	<b>Investigating Agency</b>	<b>Disposition</b>
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<b>Date</b>	<b>Charge</b>	<b>Investigating Agency</b>	<b>Disposition</b>
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<b>Date</b>	<b>Charge</b>	<b>Investigating Agency</b>	<b>Disposition</b>
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<b>Date</b>	<b>Charge</b>	<b>Investigating Agency</b>	<b>Disposition</b>
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**I certify that all of the statements in this application are true, complete and correct to the best of my knowledge and belief. I understand that any false information or omission of information may be cause for rejection of my application or dismissal from the Board.**

**Signed:** \_\_\_\_\_

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

**INFORMED CONSENT  
RELEASE OF PREDATORY OFFENDER  
REGISTRATION DATA**

Please print legibly – Use complete name, including middle name

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Maiden or Former Last Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

I hereby authorize and grant my informed consent to the New Brighton Department of Public Safety to release to the City of New Brighton any information contained about me in the Minnesota Predatory Offender Registry, including, but not limited to, information related to offenses which may have occurred when I was a juvenile.

I hereby release the New Brighton Department of Public Safety and the City of New Brighton from any and all actions and causes of action, of any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent.

This authorization shall be valid for a period of twelve (12) months from the date of signature.

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