

Richfield Public Schools
7001 Harriet Avenue South
Richfield, MN 55423
612-798-6034

Date: _____

The following named individual has expressed interest in volunteering with Richfield Public Schools.

Please print in the blanks below:

Last Name of Volunteer: _____

First Name: _____

Middle: _____

Maiden, Alias or Former: _____

Date of Birth: _____ Sex (M or F): _____
Month/Day/Year

I authorize Richfield Public Schools to conduct a background check through the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information for the purpose of volunteering with the schools.

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

Signature of Volunteer: _____ Date: _____