

Northeast Senior Services, Inc.
4458 Reservoir BLVD #220, Columbia Heights MN 55421
Phone: 612-781-5096

NON-PROFIT Account#: 6127815096

Date: _____

The following named individual has made an application with this organization to be a volunteer:

Name of Applicant: _____
Last First Middle (full)

Maiden, Alias, or former Name: _____

Sex: ___ Male ___ Female Date of birth _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the Northeast Senior Services, Inc.

Signature of Applicant (sign in front of notary)

Date

NOTARY

State of Minnesota

County of _____

Signed or attested before me on _____ (date) by

_____ (name of person).

(Seal)

Signature of notarial officer

My commission expires: _____