

Northeast Senior Services, Inc.
900 42nd Avenue NE #317
Columbia Heights, Minnesota 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: _____