



Mailing Address: P.O. Box 191, Bemidji, MN 56619
Physical Address: 1600 Minnesota Avenue NW, Bemidji, MN 56601
www.bgcbemidji.com 218-444-4171 Fax 218-444-0870

Acknowledgement and Consent Form (Background Check)

Background Investigation and Exchange of Information Release

I understand that as part of the process of applying to become an employee and/or volunteer of the Boys & Girls Club of the Bemidji Area (BGCBA) will investigate my background (driving record and criminal history record) and check my character references. I thereby authorize any herein persons, and local and state agencies (employers, courts, health and social services) to release any information requested by BGCBA relevant to my employment/volunteer candidacy.

I also understand that information from my application, background investigation, references, and notes from my interview may be shared with the BGCBA Board as part of the application process.

I authorize the Boys & Girls Club of the Bemidji Area to receive information from and provide information to:

Agency or Specific Individual: Minnesota Bureau of Criminal Apprehension, Social Services, Law Enforcement, Sex Offender, National Criminal, State of Minnesota, Motor Vehicle Records, Net Study, and First Advantage

Information Regarding: All Criminal History Records, Driving Records, Sex-Offender Registry, Social Security, Credit Reports, and all Records of Maltreatment of Children and/or Vulnerable Adults

For Purposes of: Securing a Safe Adult Leader to work with Children

I understand that no other uses or release will be made of the data except as otherwise authorized by law. I understand I am under no obligation to consent to this release and that there will not be any adverse consequences for me if I choose not to sign this consent. I understand that this authorization applies to records prepared before and after the date of this authorization, and the BGCBA may rerun this check at any time for cause. I understand that I may later revoke this consent only if the new use of dissemination, which I am authorizing here, has not taken place.

I have read and understand the above and give my permission for the background investigation and exchange of information I have provided as it pertains to the employment and/or volunteer process. I certify that all the information in my application is true and accurate. I understand that any misrepresentation of personal information or history may result in non-acceptance or termination from BGCBA.

Applicant (print): _____

Applicant's Signature: _____ Date: _____

If applicant is under the age of 18 a parent or guardian must also sign.

Parent/Guardian (Print): _____

Parent/Guardian Signature: _____ Date: _____

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Background Check Information

Please Check One: Volunteer _____ Employee _____ Partner/Agent _____

PLEASE PRINT

Last Name	First Name	Middle Name (full)
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Full Maiden, Alias, or Former Name: _____

Permanent Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Date of Birth: Month _____ Date _____ Year _____ Sex: Male _____ Female _____

Social Security Number: _____ - _____ - _____

(Your social security number is required to perform the background check)

Employee Only:

Driver's License Number: _____ State: _____ Expires: _____

List ALL cities, counties, and states you have lived in the last ten years (including current city and county) and the length of time you resided in each county (use an additional sheet of paper if you run out of room)

City	County	State	Length of Time

DROPPING OFF THIS FORM, STOP HERE

MAILING OR EMAILING THIS FORM:

DO NOT SIGN THIS FORM UNTIL YOU HAVE A NOTARY PUBLIC TO WITNESS YOUR

SIGNATURE. After a Notary Public has witnessed and certified the validity of your signature, they will need to sign and stamp the form. (A Notary Public can be found at Banks, Mortgage Companies, the Post Office, a Library, City Hall, Law Offices, etc.)

Applicant's Signature: _____ Date: _____

Notary Public Signature: _____ Date: _____

Notary Stamp

