



PLEASE PRINT

The following named individual works with the St. Cloud All-City Marching Band as a:

\_\_\_\_\_ Director      \_\_\_\_\_ Adult Volunteer      \_\_\_\_\_ Student Volunteer      \_\_\_\_\_ Other

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

Middles Name: \_\_\_\_\_ Maiden, Alias or Former: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: (M or F) \_\_\_\_\_

MN Driver's License # \_\_\_\_\_

Social Security Number: (optional) \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension and the Minnesota Department of Public Safety to disclose all criminal history, conviction and driver's record information to the St. Cloud All-City Marching Band for the purpose of working with students of this organization as Paid Personnel or as a Adult/Parent Volunteer.

This authorization shall expire one year form the date of my signature.

\_\_\_\_\_  
Signature of Director/Volunteer

\_\_\_\_\_  
Date

NOTARY

State of Minnesota - County of Stearns

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_, personally appeared before me,

\_\_\_\_\_ Who is personally known by me. \_\_\_\_\_ Whose identity I proved on the basis of satisfactory evidence.

\_\_\_\_\_ Whose identity I proved on the oath/confirmation of \_\_\_\_\_ a credible witness.

\_\_\_\_\_  
Notary Signature      SEAL

My Commission Expires: \_\_\_\_\_

I hereby certify that the above listed person has no criminal record in either the adult or juvenile files maintained by the Minnesota Bureau of Criminal Apprehension. I further certify that the above listed person has a valid Minnesota Drivers License.

\_\_\_\_\_ MN P.O.S.T. License Number: \_\_\_\_\_