INFORMED CONSENT

Stewartville United Methodist Church
900 John Wesley Avenue NW
Stewartville, MN 55976
507-533-4625

Date: _____

The following person has made application for employment or volunteer with Stewartville United Methodist Church:

Full Name: _____
Last First Middle

Maiden, Alias or Former Name: _____

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

Social Security Number: _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all information deemed confidential regarding any and all criminal history to Stewartville United Methodist Church or their designated representative as a prerequisite for employment or to serve in a volunteer capacity.

The expiration of this authorization will be one year from the date of my signature:

_____ _____
Signature of Applicant Date