

CENTRAL MN COUNCIL ON AGING
250 Riverside Avenue N, Suite 300
Sartell, MN 56377
(320) 253-9349

VOLUNTEER RELEASE OF INFORMATION FORM
Non- Profit Organization- T202539349

I, _____, authorize the Minnesota Bureau of Criminal Apprehension to release any criminal records that have been compiled on me to the Central Minnesota Council on Aging. The Central Minnesota Council on Aging in the coordinating agency for the Senior Linkage Line® Volunteer Program. I understand that any criminal records will be an influencing factor in determining my eligibility as a Senior Linkage Line® Volunteer.

(Volunteer Name)

Please Print

(Social Security Number)

(Maiden Name)

Please Print

(Date of Birth)

(Race)

(Sex)

(Volunteer Signature)

(Date)

(Notary)

(Date)