

INFORMED CONSENT

**METROPOLITAN AREA AGENCY ON AGING
2365 North McKnight Road, Suite 3
North St. Paul, MN 55109
651-641-8612**

Date: _____

The following named individual has made application with the Metropolitan Area Agency on Aging for a volunteer position.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full) (please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: ___ ___ / ___ ___ / ___ ___
Month/Day/Year

Sex (M or F): _____

Social Security Number: ___ ___ - ___ - ___

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the Metropolitan Area Agency on Aging for the purpose of volunteering with this agency.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

State of Minnesota

ss.

County of _____

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public