

Brighter Tomorrows Volunteer Application

Personal Information (Please fill out completely)

Date: _____

Name: Last		First		Middle	
Address:		Apt #	City	State	Zip
Home Phone ()			Work Phone: ()		Cell Phone: ()
Best time to call:			Best time to call:		
E-Mail Address:					
<p>How long have you lived in MN? _____ <i>If less than 5 years, please provide permanent addresses below for previous residences dating back 5 years. (attach a separate sheet of paper if necessary)</i></p>					
1. Address:		Apt #	City	State	Zip
2. Address:		Apt #	City	State	Zip
How did you hear of volunteer opportunities with Brighter Tomorrows and why did you choose our organization?					

In Case of Emergency

Emergency Contact Name	Relationship	Phone
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Employment

Present Employer:	Address:	Job Title:
Length of Employment:	Supervisors Name:	Supervisors Phone:

Volunteer Experience

Organization:	Address:	Assignments:	Dates:
1.			
2.			

References

Please give a **COMPLETE ADDRESS**, including city, state and zip of 2 non-relatives. We **cannot** process application without full information.

Name:	Address:	Telephone #:	Relationship:
1.	Street Address: City: State: Zip: Email Address:		
2.	Street Address: City: State: Zip: Email Address:		

Availability

Date available to begin volunteer service: _____

Special Interests

Do you have a special interest or skill you would like to share with Brighter Tomorrows?
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Other

Have you ever been charged with a crime other than a minor traffic accident? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
If Yes, please explain:

Please read and sign:

Confidentiality

I agree to treat specific information I may gain through my volunteer service with Brighter Tomorrows with confidentiality.

Please sign this form in the space provided and return with your notarized Authorization for Release of Criminal History Record and a copy of your driver's license or state issued photo ID to:

Brighter Tomorrows
Volunteer Processing
PO Box 126
Rochester, MN 55903

Signature: _____ Date: _____

Acceptance as a Brighter Tomorrows volunteer is subject to a Criminal Background check with no record, positive response from two references and successful completion of training (if applicable). Applicant is responsible for \$8.00 fee imposed by the State of Minnesota for background check. Please enclose check made out to Brighter Tomorrows with Volunteer Application.



AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY

To: BCA/Department of Records
St. Paul, MN

Re: Data Request for:

Last Name of Applicant (please print): _____

First Name of Applicant (please print): _____

Middle Name (full) (please print): _____

Maiden, Alias or Former Name (please print): _____

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

Sex (M or F) _____

Social Security Number: _____

Race: _____
(Required for out-of-state BCA)

This is a full and sufficient authorization, pursuant to Minnesota Statute 13.05, Subd. 4, to release to:

**Brighter Tomorrows, Inc.
12 Elton Hills Drive NW
Rochester, MN 55901**

all Criminal History Record Information maintained by your agency, without exception. This information is being released for the purpose of acting as a volunteer, or obtaining employment or as an independent contractor due to possible involvement with vulnerable minor children. This information will be confidential.

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

Signature of Applicant

Date

NOTARIZATION IS REQUIRED

Please have this notarized before you return it to Brighter Tomorrows.

State of Minnesota, County of _____
Signed, Sworn and acknowledgement before me this
_____ day of _____, 20 .

My commission expires _____.