

# Brighter Tomorrows Volunteer Application

**Personal Information** (Please fill out completely and in legible handwriting.) Date: \_\_\_\_\_

We are grateful for your interest in volunteering and we ask for your patience during the vetting process. In our effort to insure thoroughness, it may take several weeks before you hear from us.

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: (Please write legibly.)		
2.	Street Address: City:                      State:      Zip: Email Address: (Please write legibly.)		

## 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 will be 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 \_\_\_\_\_.